

Budget Summary

SPRA Member Name: _____

Revenue	Budgeted Amount	Actual Amount
SPRA Grant		
In-kind Contributions (non-cash)		
Total Revenue:		

Expenditures (identify in-kind expenditures with *)	Budgeted Amount	Actual Amount
Total Expenditures:		

Note: review Grant criteria to ensure expenditures are eligible.

	Budgeted Amount	Actual Amount
Total Revenue		
Total Expenditures		
Difference		