



## Funding Request Budget Worksheet

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

	Description	Requested Amount From Erie Insurance	Your Agency Contribution	Funding Amount Received from Other Sources	Total Program Cost
<b>Personnel<sup>1</sup></b>					
<b>Fringe Benefits<sup>1</sup></b>					
<b>Construction</b>					
<b>Equipment</b>					
<b>Supplies</b>					
<b>Contracted Services</b>					
<b>Other</b>					
	<b>Total</b>				

<sup>1</sup> Erie Insurance does not provide funding for staff, benefits, or contracted staff.