GOGEBIC RANGE HEALTH FOUNDATION
GRANT PROPOSAL BUDGET FORM

EXPENSE CATEGORIES – List specific items that will incur expenses for your project	**GRHF FUNDING AMOUNT FOR EXPENSE**	**TOTAL PROJECTED COST**	**Describe how each expense is linked to the project activities**
Total Expenses	**$0.00**	**$0.00**	

INCOME – List all funding from other sources	**TOTAL**	**STATUS OF FUNDING** **Example: pending, in process, secure**
Total Income	**$0.00**	