

Agency/Program Name: \_\_\_\_\_

Agency's Fiscal Year Runs From \_\_\_\_\_ to \_\_\_\_\_

<b>Item</b>	<i>Supplemental Info</i> <b>Actual Last Fiscal Year Ending 20__</b>	<b>Budget This Year Ending 20__</b>	<b>Proposed Next Year Ending 20__</b>	<b>Planned Use of United Way Funds</b>
<b>Revenue</b>				
Federal				
State				
County				
Foundations, Grants				
Fundraising, Contributions				
United Way of Eastern Oregon				
United Way, Other				
Program Service Fees				
Investment Income				
Other Revenue				
Total Revenue				
<b>Expenses</b>				
Direct Program Costs				
Salaries				
Payroll Taxes				
Employee Benefits				
Professional Fees				
Occupancy				
Travel/Transportation				
Office Expenses				
Membership Fees & Dues				
Payments to Affiliates				
Property & Equipment				
Other Expenses				
Total Expenses				