

Agency/Program Name: _____

Agency's Fiscal Year Runs From _____ to _____

Item	<i>Supplemental Info</i> Actual Last Fiscal Year Ending 20__	Budget This Year Ending 20__	Proposed Next Year Ending 20__	Planned Use of United Way Funds
Revenue				
Federal				
State				
County				
Foundations, Grants				
Fundraising, Contributions				
United Way of Eastern Oregon				
United Way, Other				
Program Service Fees				
Investment Income				
Other Revenue				
Total Revenue				
Expenses				
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				