

FY2019 BUDGET SUMMARY – PROGRAM / PROJECT

	Item	This Application Funding Request	Anticipated Fee Income from Program/Project	Other Funds for this Program/Project and proposed Use of Funds
ANTICIPATED AVAILABLE FUNDING FOR PROGRAM/PROJECT				
1	Requested Funding	\$ -	N/A	N/A
2	Other Funding pledged to Program/Project <i>(excluding participant fees)</i>	N/A	N/A	\$ -
3	Anticipated Program/Project Fee Income <i>(from participants)</i>	N/A	\$ -	N/A
PROPOSED EXPENSES FOR PROGRAM/PROJECT				
4	Salaries/Wages	\$ -	\$ -	\$ -
5	Taxes	\$ -	\$ -	\$ -
6	Benefits <u> (enter detail here) </u>	\$ -	\$ -	\$ -
7	Total Personnel Expenses	\$ -	\$ -	\$ -
8	Consultant/Contractual 1 <u> (enter detail here) </u>	\$ -	\$ -	\$ -
9	Consultant/Contractual 2 <u> (enter detail here) </u>	\$ -	\$ -	\$ -
10	Consultant/Contractual 3 <u> (enter detail here) </u>	\$ -	\$ -	\$ -
11	Accounting/Audit Services <u> (enter detail) </u>	\$ -	\$ -	\$ -
12	Facility/Space Rent Expense <u> (enter detail) </u>	\$ -	\$ -	\$ -
13	Utilities <u> (enter detail) </u>	\$ -	\$ -	\$ -
14	Phone/Computer/Internet <u> (enter detail) </u>	\$ -	\$ -	\$ -
15	Printing <u> (enter detail) </u>	\$ -	\$ -	\$ -
16	Outreach/PR/Advertising <u> (enter detail) </u>	\$ -	\$ -	\$ -
17	Supplies Expense <u> (enter detail) </u>	\$ -	\$ -	\$ -
18	Insurance <i>(Coverage required by City of San Diego)</i>	\$ -	\$ -	\$ -
19a	Other 1 <u> (enter detail here) </u>	\$ -	\$ -	\$ -
19b	Other 2 <u> (enter detail here) </u>	\$ -	\$ -	\$ -
19c	Other 3 <u> (enter detail here) </u>	\$ -	\$ -	\$ -
20	Total Proposed Expenses <i>(must equal Anticipated Available Funding)</i>	\$ -	\$ -	\$ -
Program / Project Surplus Funds not Permitted				
21	Verification of Net Zero Funding	\$ -	\$ -	\$ -

The following expenses are NOT permitted under this Funding Request:

- 1 Program/Project that has already been completed
- 2 Program/Project occurring before July 1, 2018, or after June 30, 2019
- 3 Travel or Mileage
- 4 Capital outlay for improvements and construction of buildings or facilities, or capital outlay for purchase of equipment
- 5 Religious or political activity
- 6 Programs in facilities not accessible to the disabled
- 7 Tuition assistance
- 8 Hospitality, e.g., alcoholic beverages, meals/refreshments or entertainment expenses
- 9 Lodging
- 10 Contributions to trusts or endowment funds, or gifts or donations
- 11 Profit making organizations or ventures
- 12 Replacement of deficit funds
- 13 Ticket subsidy programs
- 14 Penalties, fines, late fees, overdraft fees, finance fees
- 15 Salary bonuses
- 16 Organization Fundraising (e.g., galas, golf tournaments, fundraiser mailers etc.)
- 17 More than one Special Event
- 18 Job training or job placement activities
- 19 Indirect cost recovery (unless already permitted under another Agreement with the City of San Diego)

FY2019 BUDGET JUSTIFICATION – PROGRAM / PROJECT

	This Application Funding Request and Proposed Use of Funds	Anticipated Fee Income from Program/Project and Proposed Use of Funds	Other Funds for this Program/Project and proposed Use of Funds
ANTICIPATED AVAILABLE FUNDING FOR PROGRAM / PROJECT			
1	Requested Funding	N/A	N/A
2	Other Funding pledged to Program/Project <i>(excluding participant fees)</i>	N/A	N/A
3	Anticipated Program/Project Fee Income <i>(from participants)</i>	N/A	N/A
PROPOSED EXPENSES FOR PROGRAM / PROJECT			
4	Salaries/Wages		
5	Taxes		
6	Benefits (enter detail here)		
7	Total Personnel Expenses	N/A	N/A
8	Consultant/Contractual 1 (enter detail here)_____		
9	Consultant/Contractual 2 (enter detail here)_____		
10	Consultant/Contractual 3 (enter detail here)_____		
11	Accounting/Audit Services (enter detail)		
12	Facility/Space Rent Expense (enter detail)		
13	Utilities (enter detail)		
14	Phone/Computer/Internet (enter detail)		
15	Printing (enter detail)		
16	Outreach/PR/Advertising (enter detail)		
17	Supplies Expense (enter detail)		
18	Insurance (Coverage required by City of San Diego)		
19a	Other 1 (enter detail here)		
19b	Other 2 (enter detail here)		
19c	Other 3 (enter detail here)		
20	Total Proposed Expenses <i>(must equal Anticipated Available Funding)</i>	N/A	N/A
Program / Project Surplus Funds not Permitted			
21	Verification of Net Zero Funding	N/A	N/A

FY2019 ORGANIZATION FINANCIALS SUMMARY

FINANCIAL SUMMARY		CURRENT BUDGET FY2018		PROPOSED BUDGET FY2019	
		Line Item \$ Amounts	Line Items as a % of Total \$	Line Item \$ Amounts	Line Items as a % of Total \$
Revenue Contributed					
1	Federal Government		0%		0%
2	State Government		0%		0%
3	County		0%		0%
4	Foundations		0%		0%
5a.	City Other Sources/Requests		0%		0%
5b.	Economic Development Funding		0%		0%
6	Individual Contributions		0%		0%
7	Memberships		0%		0%
8	Fund raising		0%		0%
9	Other		0%		0%
10	Subtotal Contributed:	\$ -	0%	\$ -	0%
Revenue Earned					
11	Fees		0%		0%
12	Contracted Services		0%		0%
13	Product Sales/Concessions		0%		0%
14	Investment Income		0%		0%
15	Other		0%		0%
16	Subtotal Earned:	\$ -	0%	\$ -	0%
17	TOTAL REVENUE (AOI):	\$ -	0%	\$ -	0%
Personnel Expenses					
18	Wages		0%		0%
19	Benefits		0%		0%
20	Taxes		0%		0%
21	Contractual Services		0%		0%
22	Subtotal Personnel:	\$ -	0%	\$ -	0%
Operating Expenses					
20	Space Rental		0%		0%
21	Utilities		0%		0%
22	Outreach		0%		0%
23	Supplies		0%		0%
24	Insurance		0%		0%
25	Other		0%		0%
26	Subtotal Operating:	\$ -	0%	\$ -	0%
27	TOTAL EXPENSES:	\$ -	0%	\$ -	0%
28	NET SURPLUS (DEFICIT)	\$ -	0%	\$ -	0%

FY2019 PERSONNEL SCHEDULE

The purpose of this form is to list the positions to be funded through this application that will provide services in support of the identified goal and objective.

An updated copy of this form must be maintained at all times and prior approval must be sought from the Economic Development Department for any requested adjustments.

Pay Schedule (Check One)		<input type="checkbox"/> Monthly		<input type="checkbox"/> Biweekly		<input type="checkbox"/> Twice a Month	
#	POSITION TITLE	ANNUAL PAY (a) = (b) + (c) + (d)	SALARY PER PAY PERIOD OR EQUIV. HOURLY RATE	STD TOTAL HRS PER PAY PERIOD	ANNUAL AMOUNT FUNDED BY THIS REQUEST (b)	ANNUAL AMOUNT FUNDED BY "CITY - OTHER SOURCES" (c)	ANNUAL AMOUNT FUNDED - OTHER (D)
1							
2							
3							
4							
5							
6							
TOTAL SALARIES/WAGES					\$ -	\$ -	\$ -
BENEFITS							
TAXES							
TOTAL PERSONNEL					\$ -	\$ -	\$ -

If payment range is not July 1, 2017 to June 30, 2018, please note position No. and Title below and applicable date range.

#	POSITION TITLE	DATE RANGE (Start End)	
1			
2			
3			
4			
5			
6			