**ATTACHMENT 1B: FUNDRAISING GOAL WORKSHEET**

**Program 1**

**Program Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current expenditures for this Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Program expenses** | **Describe what these expenses are for** | **Will expenditures increase, decrease or stay the same?** | **Explain reason for change** | **Estimated amount of additional cost (or savings)** |
| --- | --- | --- | --- | --- |
| **Staff salary and benefits** |  |  |  |  |
| **Volunteer costs** |  |  |  |  |
| **Items for beneficiaries of this program (food, medications, books, ect.)** |  |  |  |  |
| **Transportation** |  |  |  |  |
| **Other** |  |  |  |  |
|  |  |  |  |  |
| **Total change** |  |  |  |  |

**Conclusion : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program 2**

**Program Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current expenditures for this Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Program expenses** | **Describe what these expenses are for** | **Will expenditures increase, decrease or stay the same?** | **Explain reason for change** | **Estimated amount of additional cost (or savings)** |
| --- | --- | --- | --- | --- |
| **Staff salary and benefits** |  |  |  |  |
| **Volunteer costs** |  |  |  |  |
| **Items for beneficiaries of this program (food, medications, books, ect.)** |  |  |  |  |
| **Transportation** |  |  |  |  |
| **Other** |  |  |  |  |
|  |  |  |  |  |
| **Total change** |  |  |  |  |

**Conclusion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program 3**

**Program Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current expenditures for this Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Program expenses** | **Describe what these expenses are for** | **Will expenditures increase, decrease or stay the same?** | **Explain reason for change** | **Estimated amount of additional cost (or savings)** |
| --- | --- | --- | --- | --- |
| **Staff salary and benefits** |  |  |  |  |
| **Volunteer costs** |  |  |  |  |
| **Items for beneficiaries of this program (food, medications, books, ect.)** |  |  |  |  |
| **Transportation** |  |  |  |  |
| **Other** |  |  |  |  |
|  |  |  |  |  |
| **Total change** |  |  |  |  |

**Conclusion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Overhead expense:**

**Current expenditures for this Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Program expenses** | **Describe what these expenses are for** | **Will expenditures increase, decrease or stay the same?** | **Explain reason for change** | **Estimated amount of additional cost (or savings)** |
| --- | --- | --- | --- | --- |
| **Administrative Staff salary and benefits** |  |  |  |  |
| **Rent** |  |  |  |  |
| **Technology** |  |  |  |  |
| **Supplies** |  |  |  |  |
| **Other** |  |  |  |  |
|  |  |  |  |  |
| **Total change** |  |  |  |  |

**Conclusion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_