

Budget Instructions:

1. Enter expenses for proposed program. Add or remove lines as needed.
2. Specify which category each expense falls under:
 - a. Advertising
 - b. Direct Services
 - c. Personnel
 - d. Postage
 - e. Purchased Services/sub-contracts
 - f. Seminars or Conferences
 - g. Supplies
 - h. Volunteer Incentives and Recognition
 - i. Other: Please specify
3. Enter cost for each line item
4. Specify source of funding for each line item
5. Complete table on utilization of previous Chelsea Hospital Community Benefit Cash Gifts, if applicable.

Budget for Proposed Program or Service

Expense	Category	Cost	Source of Funding
TOTAL			All Sources
TOTAL			<i>Chelsea Hospital</i>

Previous SJMC Community Benefit Cash Gifts (if applicable)

Fiscal Year	Amount granted	Amount Spent	Amount carried over
FY16 (July 1, 2015 – June 30, 2016)			
FY17 (July 1, 2016 – June 30, 2017)			
FY18 (July 1, 2017 – June 30, 2018)			
FY19 (July 1, 2018 – June 30, 2019)			
FY20 (July 1, 2019 – June 30, 2020)			
FY21 (July 1, 2020 – June 30, 2021)			
FY22 (July 1, 2021 – June 30, 2022)			
FY23 (July 1, 2022 – June 30, 2023)			