

Christian Fund for the Disabled

Budget

When necessary, please provide a brief description or justification of line items. Budget should include only costs attributed directly to the specific need you are applying for. Be sure to include all necessary support documentation such as invoices, estimates, copy of conference or seminar application, etc.

| Expense Item | Column A Amount requested from CFD | Column B Matching funds from sponsoring church or organization | Column C Other funding sources | Column D Total Budget (add columns A, B, and C) |
|---|---|--|--------------------------------------|---|
| Equipment/Materials | | | | |
| Labor | | | | |
| Assistive Technology | | | | |
| Therapy/Specialized Treatment | | | | |
| Supplies/Resources | | | | |
| Seminars/Conferences | | | | |
| Education: Tuition Room & Board Books Other (specify) | | | | |
| Ministry or Missionary Training/Education Tuition Room & Board Materials Travel Other (specify) | | | | |
| Other (please describe) | | | | |
| TOTAL EXPENSE | | | | * |

*This figure should reflect the total amount needed. For instance, if you plan to buy an accessible van for \$25,000, the total of Columns A, B, and C should be \$25,000. Please explain where the funds noted in Column C, if any, are coming from.