

Millennium Fund Grant Application					
	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions	Organization Total
PERSONNEL COSTS					
Organization Hired Staff					
Number of staff			0.0		
Est. Hours to be worked			0.0		
Salaries			\$0.00		
Benefits			\$0.00		
Contract Hired Staff					
Number of staff			0.0		
Est. Hours to be worked			0.0		
Salaries			\$0.00		
Benefits			\$0.00		
TOTAL PERSONNEL STAFF	0.0	0.0	0.0	0.0	0.0
TOTAL PERSONNEL HOURS	0.0	0.0	0.0	0.0	0.0
TOTAL PERSONNEL COSTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OPERATING EXPENDITURES					
	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions	Organization Total
Program Evaluation (not already counted)			\$0.00		
Travel			\$0.00		
Marketing			\$0.00		
Advertising			\$0.00		
Insurance			\$0.00		
Rent/Bldg. Lease			\$0.00		
Utilities			\$0.00		
Organization Overhead			\$0.00		
Lobbying Activities/					
Organization Awareness			\$0.00		
Materials & Supplies			\$0.00		
Contracts (not already counted)			\$0.00		
Employee					
Development/Training			\$0.00		
Other*			\$0.00		
<i><Include a written description of all "other" costs.></i>					
TOTAL OPERATING EXPENDITURES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EQUIPMENT/CAPITAL OUTLAY COSTS					
	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions	Organization Total
Computers			\$0.00		
Printers			\$0.00		
Projectors			\$0.00		
Furniture			\$0.00		
Software			\$0.00		
Other			\$0.00		
TOTAL CAPITAL OUTLAY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PERSONNEL COSTS	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions	Organization Total
TOTAL MILLENNIUM FUND BUDGET REQUEST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TRANSFERS TO OTHER ORGANIZATIONS/AGENCIES

<copy/paste new transfer rows as necessary>

Organization Name _____

Amount _____

Purpose <replace with own text, briefly explain why there will be a subgrant and how it will met the mission of prevention/cessation/treatment>

SUBCONTRACTING/SUBGRANTING INFORMATION

<copy/paste new sub-contract/grant rows as necessary>

Organization Name _____

Amount _____

Purpose <replace with own text, briefly explain why there will be a subgrant and how it will met the mission of prevention/cessation/treatment>