

Grant Proposal - Budget Document

Name of Business: _____

Names of Business Owners and Operators:

1) _____

2) _____

3) _____

4) _____

Daily Expenses

What must be purchased daily and how much will it cost? Add the numbers together for your “Total Daily Purchase Costs”.

Item/Ingredient to be Purchased Daily	Cost of Item Per Day
Total Daily Purchase Costs ----->	

How many days do you plan to be in operation per week? _____

Multiply your total daily purchase costs by the number of days per week your business will be open. Write that number in Box A:

Box A

Weekly Expenses

What items/ingredients must be purchased weekly and how much will they cost? Add the numbers together for your "Total Weekly Purchase Costs".

Item/Ingredient to be Purchased Weekly	Cost of Item Per Week
Total Weekly Purchase Costs ----->	

Add the number in **Box A** to the Total Weekly Purchase Costs above and multiply that number by 4. This number is the total cost for ingredients you will need to purchase over a period of ONE month. Write that number in Box B:

Box B

If awarded a \$5,000 grant to cover your food expenses for one month, how much money will you have left over? (*Hint: Subtract the number in Box B from \$5,000.*) In the space below, please tell us how you would like to spend the rest of the money. (Paint to decorate your truck, bonuses for your employees, musicians to entertain your customers while they eat? etc.)