PRELIMINARY OPERATING BUDGET FORM

PROPOSER'S NAME:_____

Provide a Preliminary Operating Budget on the form provided below. You may substitute another form that provides substantially equivalent information.

SOURCES OF FUNDS: ANNUAL OPERATING INCOME	AMOUNT	Committed
	$ 1,000.00	☐
	$	☐
	$	☐
	$	☐
	$	☐
	$	☐
	$	☐
	$	☐
	$	☐
	$	☐
	$	☐
ANNUAL OPERATING INCOME: ALL SOURCES	$ 1,000.00	

If any of the above-listed funding sources are already in hand or have been committed subject to completion of the new facility, check off the right-hand box under "Committed".

USES OF FUNDS: ANNUAL OPERATING COSTS	AMOUNT
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
ANNUAL OPERATING COSTS: ALL SOURCES	$ 0.00

Continued on next page

Explanatory notes: