

SECTION I – PROJECT BUDGET (ROUND TO NEAREST 100)

A. REVENUE		AMOUNT
GRANTS (Include this POWR grant & any additional grants)		
REGISTRATION FEES		
BUSINESS SPONSORSHIPS		
BOAT RENTALS		
OTHER REVENUE (Please List) _____		
TOTAL REVENUE		
B. EXPENSES		
PERSONNEL		
Staff salaries		
Contracted labor (e.g., Sojourn coordinator)		
EQUIPMENT & SUPPLIES		
Promotional Items (t-shirts, etc)*		
Banners and Signage		
Postage		
Printing		
CONTRACTUAL EXPENSES		
Facility Rental		
Advertising		
Food*		
Transportation		
Educational speaker stipends		
OTHER EXPENSES (Please list)		
TOTAL EXPENSES		
NET REVENUE (REVENUE - EXPENSES)		
C. NON-CASH MATCH		
VOLUNTEER LABOR (safety, educational, instructors, guides, organizers, etc.)		
_____ hours x \$24.35 volunteer rate		
PRODUCT OR SERVICE DONATIONS		
TOTAL NON-CASH MATCH		
*Food and promotional expenses are not covered by DCNR and must be paid for using matching funds.		

SECTION II – PROPOSED BUDGET

Up to \$900 per on-water day for multi-day sojourns and \$500 for single-day sojourns in Pennsylvania. Max 50% of program budget and a 50% local match is required. Applicants must have a 501C3 status and a current BCO certificate.

Total Expenses (B): _____ Expenses associated with the implementation of a PA River Sojourn

Non Cash Match (C): _____ Expenses associated with the implementation of a PA River Sojourn

Grant Amount Requested (D): _____ Please enter up to Up to \$900 per on-water day for multi-day sojourns and \$500 for single-day sojourns in Pennsylvania. Grants require a 1:1 local match in the form of cash and/or eligible non-cash (in-kind) services.

Match: _____ Projected Grant Match: Please enter sum of (B) + (C) - (D) here.

SECTION VII – GRANT APPLICATION SIGNATURES

Name of Applicant (organization) _____
 Print the name of the organization applying for the grant

Grantee Signatory _____
 Signature of grantee signatory

 Print name of grantee signatory

 Title of grantee signatory

 Date Signed

Do not write below this line

Grant awarded Grant denied

_____ _____ _____
 Date Grant Amount