



**Pebble Tossers COVID-19 Youth Impact Grant
BUDGET WORKSHEET**

INDIVIDUAL/GROUP NAME: _____

PROJECT NAME: _____

Please list how you will spend the full \$1,000. If projected expenses are over \$1,000, please state where these funds will come from or if in-kind donations will be provided.

Budget Item	Total Cost	Description of Purpose
(e.g. Peanut butter)	\$ 50.00	10 jars to make sandwiches
TOTALS	\$	

OTHER PROJECT RESOURCES

Please list all cash, in-kind and donated resources for this project

Source Name	Amount	Description
(e.g. My neighbor, Jane Smith)	\$100	she wants to support my efforts

Questions? Contact Jen - jguyenn@pebbletossers.org