



position and indicate full- or part-time.)		
	\$	
	\$	
	\$	
	\$	
<b>SUBTOTAL</b>	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
Other (specify)	\$	
	\$	
<b>Total Expense</b>	\$	

**OTHER COVID-19 RELIEF FUNDING**

List other COVID-19 relief funding support your organization has received (e.g. federal loans, state/county/city grants, foundation grants, etc.) Please include funding organization & dollar amount. [See example template below.]

	<b>Funding Organization</b>	<b>Amount</b>
		\$
		\$
<b>Total</b>		\$