City of Solvang
Grant Funding Application
FY 2019-20 Revenue and Expenditures
Attachment 2

Agency Name: _____

Revenue Budget for FY 2019-20

Indentify all funding sources for your organization. Please be specific - if a Funding Source is more than 10% of your total revenue budget, identify it separately.

Funding Source	Amount	(Current Status - indicate Approved or Pending)
		Approved
		Approved
		Approved
		Approved
		Approved
		Approved
		Approved
		Approved
		Approved
		Approved
		Approved

Total Annual Revenue Budget for FY 2019-20 $ 0

Expenditure Budget for FY 2019-20

Category	Amount
Salaries and Benefits	
Supplies	
Facility Mortgage/Lease	
Maintenance	
Professional Services	
Capital Purchases	
*Other (Please Specify)	

Total Annual Expenditure Budget for FY 2019-20 $ 0

*Other