

**Accessibility Projects Grants 2025/26 Budget**

|  |  |
| --- | --- |
| Name of Organization |  |
| Name of Project |  |

**Project Expenses: Disability Alliance BC (DABC) Funding Request (MANDATORY)***Please add additional line items as needed or delete those that aren’t applicable.*

|  |  |  |
| --- | --- | --- |
| **A: Funds Requested of DABC** | **Details** | **Amount ($)** |
| Salaries (including FTE #, hourly rate, hours, duration as applicable)  |  |  |
| Benefits |  |  |
| Contract Fees and/or honoraria |  |  |
| Project supplies |  |  |
| Meeting and travel costs |  |  |
| Administration fee (maximum 10%) |  |  |
| Other (specify) |  |  |
| **Total A (must not exceed $40,000)** |  |

*See the Call for Proposals for information about eligible costs, wages and honoraria.*

**Project Revenue Sources: Other than DABC (IF APPLICABLE)** *Providing full details of the project budget, including revenue sources other than DABC if applicable, is optional but encouraged. Please add additional line items and include a separate 1-page spreadsheet in addition to this template if needed.*

|  |  |  |
| --- | --- | --- |
| **B: Internal Revenue (from your own and partner organizations)** | **Details** | **Amount ($)** |
| Donations |  |  |
| In-kind donations |  |  |
| Partner organization contributions (specify) |  |  |
| **Total B** |  |

|  |  |  |
| --- | --- | --- |
| **C: External Revenue (other than DABC)** | **Details** | **Amount ($)** |
| Government (be specific) |  |  |
| Others (be specific) |  |  |
| **Total C** |  |

|  |  |
| --- | --- |
| **Total Project Budget (all revenue sources: A+B+C)** | $ |