

Applicant Name: \_\_\_\_\_

### Show Budget

#### **INCOME**

Please fill in the listed categories and add any other income sources for this production such as grants or sponsorships

Source	Total	Pending (\$)	Secured (\$)	Notes
CST Request Amount				
Projected Ticket Sales				
Individual Donations				
Program Ad Sales				
<b>TOTAL INCOME</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

Any In-Kind (non-cash) contributions:

#### **EXPENSES**

Please fill in the listed categories and add any other expenses for this production

*\*If you are unsure about the CST amounts contact the office and we can help you calculate those*

Item	Total		Notes
CST Rent*			
CST other Estimated Fees*			
Advertising			
Artist Fees			
Design Expenses			
Printing			
<b>TOTAL EXPENSES</b>	<b>\$ -</b>		

Add extra lines if needed.