

**BUSINESS GROWTH ACCELERATOR (BGA)  
PROPOSED PROGRAM BUDGET FORM**

APPENDIX C

[Applicant Name]  
2022-2023 Program Year

A. Complete the following Project Budget with as much detail as is currently available.  
Lines items may be added or removed, based on individual program budgets

INCOME							
FUNDING SOURCE	ESD	INCUBATOR CASH	INCUBATOR INKIND	OTHER FUNDS	OTHER FUNDS	PROGRAM INCOME	TOTAL
Grant and Funding Match	\$ 350,000.00						\$ 350,000.00
Program Income							\$ -
<b>TOTAL INCOME</b>	<b>\$ 350,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 350,000.00</b>
EXPENDITURES							
PERSONNEL (Please List Specific Titles). Clearly identify hourly rates and the number of hours each personnel will be budgeted for.	ESD	INCUBATOR CASH	INCUBATOR INKIND	OTHER FUNDS CASH	OTHER FUNDS INKIND	PROGRAM INCOME	TOTAL
Salaries							\$ -
Fringe Benefits							\$ -
Contractual Services							\$ -
Consultants (training)							\$ -
Supplies/Materials							\$ -
Participant Supplies							\$ -
Insurance/Bonding							\$ -
Audit							\$ -
Legal							\$ -
Equipment Rental							\$ -
Real Estate Rental							\$ -
Telephone							\$ -
Utilities							\$ -
Postage							\$ -
Printing							\$ -
Maintenance & Repair							\$ -
Advertising							\$ -
Internet Usage/Fees							\$ -
Program Software							\$ -
Data Processing/Comp. Serve							\$ -
<b>Total Personnel Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>
INDIRECT (Overhead Costs. Specifically Identify "Other")	ESD	INCUBATOR CASH	INCUBATOR INKIND	OTHER FUNDS	OTHER FUNDS	PROGRAM INCOME	TOTAL
OTHER:							\$ -
OTHER:							\$ -
<b>Total Indirect Expenses</b>							
<b>TOTAL EXPENSES</b>							
<b>DIFFERENCE (Income less Expense)</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>

\*Miscellaneous is not an acceptable line item. All line items must be clearly stated.

B. ESDC funds must be matched on a 1 to .2 basis, using a combination of cash and In-kind.

In-kind contributions may not exceed 50% of matching funds.

C. Cash match may include a combination of any non-State source. Enrollment fees may not be used to meet the funding match, as they are considered Program Income, but can be used to cover other program expenses.

D. Attach any commitment letter(s) or letter(s) of intent from each source of financing indicated (including letter of intent from company).

If the organization is providing the match, a matching letter from the organization head is required.

E. If indirect funds or administrative cost are required as part of your budget, identify the intended use for these funds.