



BUDGET OUTLINE for fiscal year _____

Committee: _____

Service Fund Account **(Select One per Request):**

- | | |
|--------------------------|--|
| 1. Health & Wellness | 4. Community Service & Empowerment |
| 2. Community Food Pantry | 5. Academic Excellence / Scholarship |
| 3. Financial Education | 6. Miscellaneous (Partnership/Sponsorships/Marketing/D9 Support) |
| | 7. Other _____ |

Please outline the activities or events below, specifying the cost per individual and/or the total expense. Include the location, required items, and potential vendors. Kindly review TDPF Financial Procedures v.7 to ensure compliance with disbursement guidelines. Note that all disbursements require submission of a Fund Request Proposal Form. Budget requests are due by October 1. Incomplete forms with only a total will not be accepted. **The approved funding may differ from the amount requested. All allocations are subject to availability of funds and approval by the TDPF board.**

I acknowledge that I have reviewed and comprehended the requirements related to the budget request.

Committee Chair

Vice President

Name & Date

Name & Date

Month	Date if known	Describe Activity/Event	Anticipated Cost
January			
February			
March			
April			
May			
June			
August			
September			
October			
November			
December			

TOTAL BUDGET REQUEST: Calculate total for all months.

-----**DO NOT WRITE BELOW THIS LINE**-----

Received by TDPF
Treasurer Date:

Annual Budget
Approval Date:

Vice President
Notified Date:

