Income and Expense Budget (REQUIRED FOR ALL APPLICATIONS)		
EXPENSES TO BE COVERED BY THE ALTERNATIVE EXPOSURE GRANT	AMOUNT	
Enter all budget items related to your project, including, but not limited to, artist fees, contractual shospitality, outreach, supplies and materials, publication, distribution, telephone charges, photocopof space or equipment, and any other project-specific costs sought to be covered by awareded fund	ying, postage	
	\$	-
	\$	_
	\$	-
	\$	
	\$	
	\$	-
	\$	-
ADDITIONAL PROJECT RELATED EXPENSES COVERED BY OTHER INCOME SOURCES	<u> </u>	
	\$	-
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	_
SUBTOTAL EXPENSES	\$	-
IN-KIND EXPENSES (estimate the worth of goods and services donated to you at no cost, including donated space, supplies and volunteer services.)	<u> </u>	nited to,
	\$ \$	<u>-</u>
	\$	
	\$	
	\$	_
SUBTOTAL IN-KIND EXPENSES	\$	-
TOTAL EXPENSES (Total Expenses + Total In-Kind Expenses)	\$	-
, , , , , , , , , , , , , , , , , , ,		
INCOME	Amou	unt
If you have any, please enter all known or anticipated additional sources of funding, including grant donations, earned income. No additional sources of income are required to apply for an Alternative		nt.
Amount Requested from SoEx (\$5,000 Maximum Request)	\$	-
	\$	-
	\$	-
	\$	
	\$	
	\$	
Total In-Kind Income (This is the amount listed under "Subtotal In-Kind Expenses." Please rewrite that amount here.)	\$	-
TOTAL INCOME (Including In-Kind)	\$	-
* Yellow fields should match, as in-kind should balance as both expense and income		
ANNUAL BUDGET FOR LARGER ORGANIZATIONS	Amount	
Instructions: If your group has annual income or expense exceeding \$30,000 a year, please list total expense and information will help the jury better evaluate your financial need. Otherwise, please leave blank.	d income here.T	his
TOTAL EXPENSES	\$	
TOTAL INCOME	\$	-

Alternative Exposure Round 13, 2019