

Project Cash Flow Forecast – Appendix B-3

Name of Organization: _____
Project Title: _____

Project Dates: _____ to _____
 YYYY/MM/DD YYYY/MM/DD

This form must be completed for all requests for projects overlapping two government fiscal years (April 1 through March 31), and for all requests greater than \$25,000.
 The first month shown in the forecast should be the first month of the project. Add or delete columns as needed to reflect the duration of the project.

Monthly Forecast														
BUDGET	Month (specify)	Month (specify)	Month (specify)	Month (specify)	Month (specify)	Month (specify)	Month (specify)	Month (specify)	Month (specify)	Month (specify)	Month (specify)	Month (specify)	10% Hold Back	TOTAL
Cash in														
CAHSP Capacity Building Component														
Revenue 1 (specify)														
Revenue 2 (specify)														
Revenue 3 (specify)														
Revenue 4 (specify)														
Revenue 5 (specify)														
Revenue 6 (specify)														
Revenue 7 (specify)														
Revenue 8 (specify)														
Total Cash in														
Cash out														
Administration														
Salaries, wages, benefits														
Consultant Fees (excluding travel)														
Consultant Expenses and Travel														
Other Travel														
Facilities Rental														
Equipment Rental														
Materials and Supplies														
Marketing and Communications														
Minor Capital Acquisitions														
Translation														
Audit Fee														
Other (specify)														
Total Cash out														
Difference														
Accumulated														