

PROPOSED BUDGET

_____ CONSERVATION DISTRICT

ESTIMATE OF RECEIPTS

For the Fiscal Year Ending June 30, _____

RECEIPT SOURCE **AMOUNT**

State Funds	
County Funds	
City Funds	
Other Government Funds (specify)	
Administrative Income (specify)	
Interest – CD, Savings and Checking	
Grants for projects (specify)	
Rental Income (equipment, etc.)	
Contributions	
Building/Property Rental Fees	
Other Sources of Income	
<i>TOTAL INCOME</i>	

(INCOME ESTIMATE MUST EQUAL EXPENSE ESTIMATE)

***REPORT DUE JUNE 1ST – PLEASE SUBMIT TO:
DCNR - CONSERVATION DISTRICT PROGRAM***

BRE@DCNR.NV.GOV

Fax# 775-684-2715

— — CONSERVATION DISTRICT

ESTIMATE OF EXPENDITURES

For the Fiscal Year Ending June 30, _ _

EXPENDITURE	AMOUNT
Employee Salary	
Fringe Benefit Expense	
Travel	
Building Rent	
Telephone	
Insurance	
Postage	
Copying Expense	
Office Supplies	
Education & Information Expenses	
Equipment Purchase (specify)	
Equipment Expenses (maintenance, repair, operation)	
Dues – NvACD	
Dues – NACD	
Dues - Other	
Mileage	
Investments (specify)	
Internet	
Bond and Insurance Expenses	
Project Costs:	
Grant #1	
Grant #2	
Grant #3	
Other Expenses (specify)	
TOTAL EXPENSES	

(INCOME ESTIMATE MUST EQUAL EXPENSE ESTIMATE)

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