



## FINAL REPORT OF GRANTEE – BUDGET vs. ACTUAL

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Name of Person Submitting Report: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

Amount of Grant Funding Requested: \_\_\_\_\_ Amount of Grant Funding Received: \_\_\_\_\_

When necessary, please provide a brief description or justification of line items. Budget should include only costs attributed directly to the proposed project.

**A. Expenses:** Include the total amount for each of the following budget categories on this page.

	<u>Grant Amount Expended*</u>	<u>Total Project Expenses</u>	<u>Difference</u>
Consultants/Professional Fees	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____	\$ _____
Marketing	\$ _____	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____

\* Amount expended should equal the amount of grant funding received.

**B. Revenue:** Include the total amount for each of the following budget categories on this page.

	<u>Amount Requested</u>	<u>Amount Received</u>
1. Grants/Contracts/Contributions:		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations	\$ _____	\$ _____
Corporations	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____
2. In-Kind Support	\$ _____	\$ _____
3. Other (Specify)	\$ _____	\$ _____
4. Total Revenue	\$ _____	\$ _____

Comments: