

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			_
	Grant Amount Expended		<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.			
	Amount Reg	<u>quested</u> <u>Amour</u>	nt Received
 Grants/Contracts/Contribut 	ions:		
Local Government	\$	\$	
State Government	\$	\$	
Federal Government	\$	\$	
Foundations	\$	\$	
Corporations	\$	\$	
Individuals	\$	\$	
Other (Specify)	\$	\$	
2. In-Kind Support	\$	\$	
3. Other (Specify)	\$	\$	
4. Total Revenue	\$	\$	

Comments: