



Grant No: _____
 Agency: _____
 Project Title: _____
 Grant Period: _____ to _____
 Report Period: _____ to _____

2006A MEDICATION ASSISTANCE GRANTS PROGRAM - FINANCIAL REPORTING FORM

	MeHAF Funds		Provided by Other Sources**		Provided by Grantee		Total Project Budget	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
INCOME								
Government Grants & Contracts								
Foundation Funding								
MeHAF								
Other								
Fees/Earned Income								
Donations								
Other								
TOTAL INCOME								
Expenses								
<i>Personnel</i>								
Wages & Salaries								
Payroll Taxes & Fringe								
Consultants								
<i>Sub-total Personnel</i>								
<i>Direct (Program) Expenses</i>								
Equipment: Purchase								
Equipment: Rental								
Office Supplies								
Program Materials								
Postage & Courier								
Printing & Copying								
Rent								
Telephone & Internet								
Travel: Local								
Travel: Other								
Utilities								
Other: (specify)								
Sub-total Direct Expenses								
Indirect Expenses*								
TOTAL EXPENSES								

*A maximum of 15% of personnel & direct expenses

**Please specify Government Grants & Contracts & Foundation funding. Include contributions from collaborators. Add extra lines if necessary.