MeHAF
Maine Health Access Foundation

Grant No:			
Agency:			
Project Title:			
Grant Period:	1/1/2009	to	12/31/2009
Report Period:		to	

INTEGRATION INITIATIVE - 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								
Fees/Earned Income								
Donations								
Other								
TOTAL INCOME	-	-	-	-	-	-	-	-
Expenses								
Personnel								
Wages & Salaries								
Payroll Taxes & Fringe								
Consultants								
Sub-total Personnel	-	-	-	-	-	-	-	-
Direct (Program) Expenses								
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.