



Grant No: _____

Agency: _____

Project Title: _____

Grant Period: _____ to _____

Report Period: _____ to _____

DISCRETIONARY GRANT - FINANCIAL REPORTING FORM

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

*MeHAF does not fund indirect expenses in its discretionary grant program.