

Grant No: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Project Title: \_\_\_\_\_  
 Grant Period: 10/1/2008 to 12/31/2009  
 Report Period: 10/1/2008 to 12/31/2009

2008B Critical Access Hospital Medication Safety Projects - Financial Reporting Form

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

\*MeHAF will support up to \$10,000, but funding needs to be matched dollar for dollar by applicant

\*\*A maximum of 15% of personnel & direct expenses

\*\*\*Please specify Government Grants & Contracts & Foundation funding. Include contributions from collaborators, including staff time to participate in meetings. Add extra lines if necessary.

\*\*\*\* Can be in-kind or actual \$ contribution. Grantee support must equal at least 10% of MeHAF request.