



Grant No: _____
 Agency: _____
 Project Title: _____
 Grant Period: 1/1/2009 to 9/30/2009
 Report Period: 1/1/2009 to 9/30/2009

Collaborative Strategies Planning Grant 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								
<i>Sub-total Personnel</i>								
Direct (Program) Expenses								
Program Partners/Subcontractors								
Office Supplies								
Program Materials								
Postage & Courier								
Printing & Copying								
Rent								
Telephone & Internet								
Training & Education								
Travel: Local/Collaborative Mtgs.								
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, including staff time to participate in meetings. Add extra lines if necessary.