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**POST GRANT BUDGET REPORT**

Using the Post-Grant Budget Report below, provide a detailed and complete accounting of how the specific grant dollars from the Foundation were spent.

**Grant Received:** $

A. Organizational fiscal year:

B. Time period this budget covers:

C. Expenses: include the total amount for each of the following budget categories:

|  |  |  |
| --- | --- | --- |
|  | **Amount Requested** | **Total Program Expense** |
| Salaries |  |  |
| Payroll Taxes |  |  |
| Fringe Benefits |  |  |
| Consultants & Professional Fees |  |  |
| Stipends |  |  |
| Insurance |  |  |
| Travel |  |  |
| Equipment |  |  |
| Supplies |  |  |
| Printing & Copying |  |  |
| Telephone & Fax |  |  |
| Rent |  |  |
| Utilities |  |  |
| Maintenance |  |  |
| Evaluation |  |  |
| Marketing |  |  |
| Other (specify) |  |  |
| **Totals** |  |  |

1. **Revenue**: include the total amount for each of the following budget categories, in this order; please indicate which sources have been received (for this project only) and which you anticipate for future (Pending) support for the project.

|  |  |  |
| --- | --- | --- |
| **Grants/Contracts/Contributions** | **Amount Received** | **Amount Pending** |
| Local Government |  |  |
| State Government (includes schools) |  |  |
| Federal Government |  |  |
| Foundations (itemize in Budget Narrative) |  |  |
| Corporations |  |  |
| Church Groups |  |  |
| Individual Donations |  |  |
| Earned Income from Events |  |  |
| In-Kind Support |  |  |
| Other (specify) |  |  |
| **Total Revenue** |  |  |

**THIS MUST BE SIGNED**

**Signature of Board Chair, Treasurer or President/CEO/Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:      