

Sample Six Month or Interim Financial and Statistical Report

Name of Organization:

Project Title:

Contact Person:

Phone number :

E-mail:

Grant Period:

Dates covered by report:

Date of report preparation :

Total Grant Amount \$

	Total Budgeted Income/Expenses	HFNJ Approved Budget	HFNJ Actual x/00- x01	HFNJ Projected x/00- x01	HFNJ Total x/00- x01	HFNJ Grant Variance*	Other Foundations Actual	Other Foundations Projected	Other Income Actual	Other Projected x/00- x01	Total Income/Expenses
Income											
HFNJ Grant	x0,000	x0,000	x0,000	x0,000	x0,000						x0000
Other Foundation	x0,000										x0000
Other Income (please specify)	xx,x00										xx,x00
In-Kind	xx,x00										xx,x00
Total Income	xxx,xxx	x0,000	x0,000	x0,000	x0,000						xxx,xxx
Expenses											
Salaries	x,000	x,000	x,000	x,000	x,000	\$0	xxx				x,000
	x,000	xxx	xxx	xxx	xxx	(xx0)					x,000
Benefits	xx,000		xx,000	xx,000	xx,000	(xx0)					xx,000
Other Expenses											
Brochure Printing	x,x00	x,x00	x,x00	x,x00	x,x00	(xxx)					x,x00
Computer Consult/Temp Asst.	x,x00	x,x00	x,x00	x,x00	x,x00	\$0					x,x00
Evaluation	x,x00	x,x00	xxx	xxx	xxx	xx					x,x00
Telephone	x00	x00	x00	x00	x00	\$0					x00
Postage and Shipping	x00	x00	xxx	xxx	xxx	xxx					x00
Travel & Parking	x,x00	x,x00	x,x00	x,x00	x,x00	\$0					x,x00
Marketing and printing	x,x00	x,x00	x,x00	x,x00	x,x00	\$0					x,x00
Program Leader Materials	x000						x,000				x000
Brochures/Books	x,x00						x,x00				x,x00
Patient Educational Materials	x,x00							x,x00	x,x00		x,x00
Honoraria	x,x00							x,x00	x,x00		x,x00
Office space and expenses	x,x00									x,x00	xx,x00
Total Expenses	xxx,xxx	x0,000	x0,000	x0,000	x0,000	\$0	x0,000		x,xx0	xxx,xxx	\$0
Difference (Total Income-Expenses)	xxx,xxx	x0,000	x0,000	x0,000	x0,000	\$0	x0,000		x,xx0	x,xx0	\$0
Program Volumes	Expected										Total volumes
#unduplicated recipients	xxx										xxx
# visits, services, rendered, etc.	xxx										xxx
# special events	xxx										xxx

Footnotes: