

Healthcare Foundation of New Jersey End of Grant Financial and Statistical Report Form

Grant Period: x/x/99 - x/x/00

Date of Report: x/xx/00

Total HFNJ Grant Amount: \$ x0,000

Prepared by: John Smith

Funds Remaining at end of grant period: \$ 0

Phone: Email:

BUDGETED								ACTUAL
Project Income								Total Income
HFNJ Grant	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							xxx,xxx
Expenses								
	Total Budgeted Expenses	HFNJ Approved Budget	HFNJ Actual x/99- x00	HCFNJ Grant Variance*	"Other " Foundation	Other Income	In-kind	Total Expenses
Salaries	x,000	x,000	x,000	\$0	xxx			x,000
	x,000	xxx	xxx	(xx0)				x,000
Benefits	xx,000		xx,000	(xx0)				xx,000
Other Expenses								
Brochure Printing	x,x00	x,x00	x,x00	(xxx)				x,x00
Computer Consult/Temp Asst.	x,x00	x,x00	x,x00	\$0				x,x00
Evalutaion	x,x00	x,x00	xxx	xx				x,x00
Telephone	x00	x00	x00	\$0				x00
Postage and Shipping	x00	x00	xxx	xxx				x00
Travel & Parking	x,x00	x,x00	x,x00	\$0				x,x00
Marketing (advertisement/brochure design & prin	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
Honoraria	x,x00					x,x00		x,x00
Office space and expenses	x,x00						x,x00	xx,x00
Total Expenses	xxx,xxx	x0,000	x0,000	\$0	x0,000	x,xx0	x,xxx	\$0
Difference (Income-Expenses)								
Program volumes								
	Expected							Total volumes
#unduplicated recipients	xxx							xxx
# visits, services, rendered, etc.	xxx							xxx
# special events	xxx							xxx

Footnotes: