

**FINAL REPORT OF GRANTEE  
UNRESTRICTED FUNDS THROUGH GRANTS COMMITTEE  
IMPACT LAKELAND DONOR FUNDED  
BUDGET vs. ACTUAL**

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Name of Person Submitting Report: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

When necessary, please provide a brief description or justification of line items. Budget should include only costs attributed directly to the proposed project. Please add or delete items in order to personalize your budget.

A. Expenses: Include the total amount for each of the following budget categories on this page.

	Amount Requested	Total Project Expenses	Difference
Salaries	\$ _____	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____	\$ _____
Consultants and Professional Fees	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____	\$ _____
Marketing	\$ _____	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	\$ _____

B. Revenue: Include the total amount for each of the following budget categories on this page. Please indicate which sources of revenue are committee and which are pending.

	Requested	Received
1. Grants/Contracts/Contributions	\$ _____	\$ _____
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations	\$ _____	\$ _____
Corporations	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____
2. In-Kind Support	\$ _____	\$ _____
3. Other (Specify)	\$ _____	\$ _____
4. Total Revenue	\$ _____	\$ _____