COMMUNITY BENEFIT BOARD INITIATIVE
Budget & Financial Report Template

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BETTER CARE AND BETTER HEALTH **FOR EVERYONE.**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Grant Reporting Quarter** | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** | **Final** |
| **Expenses:** Complete the column for the quarter you are reporting on and the final “Year to Date” column with year to date totals.  |
|  | **Budgeted**Full Year | **Quarter 1**7/1 – 9/30 | **Quarter 2**10/1 – 12/31 | **Quarter 3**1/1 – 3/31 | **Quarter 4**4/1 – 6/30 | **Final**7/1 – 9/30 |
| **Salaries & Wages** |  |  |  |  |  |  |
| **Consultants/Professional Fees** |  |  |  |  |  |  |
| **Travel** |  |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |  |
| **Supplies** |  |  |  |  |  |  |
| **Printing & Copying** |  |  |  |  |  |  |
| **Telephone, Fax, Internet** |  |  |  |  |  |  |
| **Rent** |  |  |  |  |  |  |
| **Utilities** |  |  |  |  |  |  |
| **Maintenance** |  |  |  |  |  |  |
| **Program Evaluation** |  |  |  |  |  |  |
| **Other: (specify)** |  |  |  |  |  |  |
| **Other: (specify)** |  |  |  |  |  |  |
| **Other: (specify)** |  |  |  |  |  |  |
| **Other: (specify)** |  |  |  |  |  |  |
| **Totals** |  |  |  |  |  |  |