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** |  | |  | |  | |  | |  | |  |