



Grant Project Interim Financial Report

Submitted: MM-DD-YYYY

Basic Information

Please verify/provide basic information about the project

Grant Request ID:	20_____
Name of organization:	UMHMF Grantee
Title of project:	Healthy Kansans
Amount of grant:	\$_____
Report period start:	MM-DD-YYYY
Report period end:	MM-DD-YYYY

Report Preparer Information

Name:	
Title:	Program Coordinator
Address:	100 Main
City, State, Zip:	Ourtown, KS 12345
Phone:	123-456-7890
Fax:	
Email:	email@grantee.org

Note: the above email address is where the automatic confirmation will be sent upon report submission. If left blank, you will not receive an email confirmation message after submitting.

Budget Details

Project Income Sources:								
	Year 1		Year 2		Year 3		All years total	
Income Source:	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>
1 Health Fund Grant	\$	\$	\$	\$	\$	\$	\$	\$
Totals: (all sources)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$

Income Item Variance Explanations (if applicable):

#1:

Project Expenses:								
	Year 1		Year 2		Year 3		All years total	
Expense Item:	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>
1 Expense	\$	\$	\$	\$	\$	\$	\$	\$
Totals: (all sources)	\$	\$	\$	\$	\$	\$	\$	\$

Expense Item Variance Explanations (if applicable):

#1:

Budget - Balances

Note: these balances are calculated based on income and expense lines to help you check for potential errors.

Balances: Year 1 Actual: \$ Year 2 Actual: \$ Year 3 Actual: \$

Total surplus or deficit (-) all years: \$

General financial comments or notes: use this field if you have any general comments pertaining to the grant budget/finances:

General financial comments/notes:

After review of this report, staff will respond via email or phone. **Please allow up to several weeks for a response. Thank you!**
