

CHURCH HOME GRANT BUDGET AND FINANCIAL REPORTING FORM									
Period Covered by this Budget or Report: _____ to _____									
A	B	C	D	E	F	G	H		I
DESCRIPTION OF EXPENSES	BUDGET REQUEST	ACTUAL INTERIM	VARIANCE (B - C)	ACTUAL ENDING	VARIANCE (B - E)	SALARIES			
						POSITION	DUTIES/RESPONSIBILITIES	ANNUAL SALARY	
PERSONNEL									
1	SALARIES (Col. " I ")	0	0		0				
2	Benefits								0
3	FICA/Medicare (.0765 X Salaries)	0		0	0				
4	Insurance			0	0				
5	Pension			0	0				
6	Life & Other Insurance Benefits			0	0				
7	Other Benefits			0	0				
8	Background Screening			0	0				
9	TOTAL BENEFITS	0	0	0	0				
10	TOTAL PERSONNEL COSTS	0	0	0	0				
INSTRUCTIONS									
This form (CH2019-B) is designed to be used on three (3) occasions: 1. Grant Request Application: (Fill in Column B <u>only</u> .) 2. Interim Report: (Fill in Column C <u>only</u> .) 3. Annual Report : (Fill in Column E <u>only</u> .) Column A: Description of the expenditures for the grant Column B: Amount of budget requested by line item with application Column C: Actual amount spent for the grant at interim "time." Column D: Variance over/under budget between budget and expenses Column E: Actual amount spent for the grant at the end of the grant term Column F: Variance over/under budget between budget and expenses Column G: Name of the staff position(s) funded by the grant Column H: Brief description of the staff person's duties Column I: The projected amount of earnings for staff Note: * Please do not try to change any of the cells with "zeroes." They will populate automatically. Note: * Please ask for clarification where there is any doubt. Attach sheet with required information below. (1) Specify service type: estimate expenditure by defining basis for expense. (2) Specify the event(s) with supporting expenses for each. (3) Specify source, amount, and conditions or restrictions.									
Space For use by Church Home Board:									
11	SUPPORT EXPENSES								
12	Start-up Costs								
13	Office Supplies			0	0				
14	Telephone & Utilities			0	0				
15	Training			0	0				
16	Program Supplies			0	0				
17	Contract Services (1)			0	0				
18	Field Trips and/or Similar Events (2)			0	0				
19	Mileage Reimbursement			0	0				
20	#			0	0				
21	#			0	0				
22	#			0	0				
23	TOTAL SUPPORT EXPENSES	0	0	0	0				
24	TOTAL PERSONNEL & SUPPORT	0	0	0	0				
25	Matching Funds to apply (3)								
26	AMOUNT OF GRANT REQUEST	0	0	0	0				
#: Specify Other Expenses									
Contact the Church Home Board Liason with any questions.									