

**THE HORIZON FOUNDATION  
GRANT FINAL BUDGET REPORT**

**ORGANIZATION:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**Include the amount for each of the relevant categories in the following order (skip categories for which there are no expenses or revenues). On a separate sheet, please explain any variance over 10%.**

| <b>EXPENSES</b>  | <b>BUDGET</b> | <b>ACTUAL</b> |
|--|---------------|---------------|
| Salaries ( <i>specify individual salaries &amp; full time or % part time</i> ) |               |               |
| Payroll Taxes  |               |               |
| Fringe Benefits  |               |               |
| Consultant and professional fees   |               |               |
| Travel   |               |               |
| Equipment  |               |               |
| Supplies   |               |               |
| Printing and copying   |               |               |
| Telephone, FAX, other communications   |               |               |
| Postage  |               |               |
| Rent/occupancy costs   |               |               |
| Utilities  |               |               |
| Maintenance  |               |               |
| Evaluation   |               |               |
| Other ( <i>specify separately</i> )  |               |               |
| <b>Total Expenses</b>  |               |               |
|  |               |               |
| <b>REVENUE</b>   |               |               |
| Grants and Contracts   |               |               |
| ▪ Local Government   |               |               |
| ▪ State Government   |               |               |
| ▪ Federal Government   |               |               |
| ▪ The Horizon Foundation   |               |               |
| ▪ Other Foundations  |               |               |
| ▪ Corporations   |               |               |
| ▪ United Way   |               |               |
| ▪ Other ( <i>specify separately</i> )  |               |               |
| Earned Income  |               |               |
| ▪ Individuals  |               |               |
| ▪ Client/patient related   |               |               |
| ▪ Events   |               |               |
| ▪ Publications/products  |               |               |
| ▪ Other ( <i>specify separately</i> )  |               |               |
| Membership Income  |               |               |
| In-Kind Support  |               |               |
| Other ( <i>specify separately</i> )  |               |               |
| <b>Total Revenue</b>   |               |               |