

THE KEOKUK AREA COMMUNITY FOUNDATION

1610 MORGAN STREET
 KEOKUK, IOWA 52632
 (319) 524-5351

FOR OFFICE USE ONLY
Grant Number:
Grant Amount:
Report Due:
Received:

Grant Budget Follow-up Report

NOTE: Per the terms of the agreement, late or incomplete reports will prohibit consideration of further grants.

Organization:
Address:
Contact Person: **Phone:**

Where necessary, provide a brief description or justification of line items. Only include costs directly attributed to your grant proposal. Add or delete items to reflect your proposal.

EXPENSE	Amount	INCOME	Requested	Committed
<i>Item</i>				
Salaries & Wages		Community Foundation		
		Other Funders: LIST THEM		
		• <i>Foundations</i>		
Benefits & payroll taxes		• <i>Government</i>		
Consultants & Professional fees		• <i>United Way</i>		
Travel		• <i>Corporations</i>		
Equipment				
Supplies		• <i>Individual Contributions</i>		
Training				
Printing & copying		Membership Income		
Telephone & fax		Fundraising events		
Postage				
Rent & utilities				
In-kind expense		In-kind support		
Other: Specify		Other: Specify		
TOTAL EXPENSE		TOTAL INCOME		