

# FINAL BUDGET REPORT

**FOR DAKOTA MEDICAL FOUNDATION GRANT AWARD**

**(IN THE CASE OF MULTI-YEAR GRANTS, PLEASE  
INCLUDE PREVIOUS INTERIM BUDGET REPORTS)**

**ORGANIZATION NAME:** \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

(You may type on this form or reproduce it on your computer.)

BUDGET CATEGORIES*	TOTAL PROJECTED EXPENDITURES	TOTAL ACTUAL EXPENDITURES	VARIANCE (+/-)	COMMENTS
<b>TOTAL:</b>	\$	\$	\$	

\* Break down individual line items under each budget category.