

HFNJ GRANTEE and APPLICATION TOOLKIT

TOOLKIT: INTERIM AND FINAL REPORT BUDGET FORM

OVERVIEW

This toolkit provides basic information on the different parts of the Interim and Final Report Budget Form, and a sample form you can review. Most grants from The Healthcare Foundation of New Jersey (HFNJ) will require the submission of an updated budget approximately seven and thirteen months after the start of the project to help us track your project's spending progress.

I) Accessing the Interim and Final Report Budget Form

You will create your budget on our form template. **Important: Please note that the budget form required for the Interim and Final reports is different from the form you submitted in your application.** While you will want to use your Approved Application Budget as the basis for filling in many of the fields, make sure you use and submit the proper form with your report. Download a blank version of the Interim and Final Report form by [clicking here](#).

II) The Sections of the Interim and Final Report Budget Form

The Excel spreadsheet contains two main sections: **INCOME** and **EXPENSES**.



In the **INCOME** section, located up top, you will simply list the sources of income as listed in your Approved Application Budget.



The **EXPENSES** section, located beneath **INCOME**, is where you will detail how project funds have been spent as of the date of the report. The **EXPENSES** section includes:

- > **Columns A and B** – In this area, copy the line items and dollar amounts you listed in your Approved Application Budget.
- > **Column C – Awarded from HFNJ.** Add in the full amount of your award. Use the full award amount regardless of payments made to date (e.g., if your grant award was for \$100,000 and you have only received the first \$50,000 payment at the time of your interim report, you would fill in \$100,000 in this column).
- > **Column D – Program Actuals to ____.** Fill in the date you are submitting the report in this column header. Then, go through each line item in Column B and tell us how much has been spent in that area by the report date. This section is for capturing total spending on your project, across all sources of funding.
- > **Column E – Actual Expenses from HFNJ Grant to ____.** Fill in the date you are submitting the report in this column header. For each line item listed in Column D, tell us how much of that amount was paid for by funds from the HFNJ award.
- > **Column F** – Amount of HFNJ Grant Unspent. Simply subtract the totals of column E from Column D.

Common Interim and Final Budget Form Mistakes:

- > **Using the HFNJ Application Budget Form for a report.** As stated above, the form that is used for reporting is different from the form you used during the application process to present your project budget.
- > **Using a different budget template.** HFNJ requires that all grantees use our standardized forms.
- > **Not including the total HFNJ award amount.** Column C should list your total award amount; not just the amount paid to date.
- > **Using figures from an earlier version of your application budget.** Your budget may have gone through a few iterations between the time you submitted your first application and the project's approval by the HFNJ Board. You should only use the final, approved budget as the basis for subsequent reports. The final, approved budget is emailed to you along with your grant award letter.
- > **Numbers not adding up.** Columns E and F should add up to the amount in Column C. The total expenses and total income in Column B should be the same.
- > **Neglecting the top section.** Please remember to fill in your organization's name, the project title, and the dates the budget will cover.

SAMPLE BUDGET

Sample Interim/Final Budget Explanation: The sample budget below is for a mobile outreach project, in which the agency staff will utilize a van to provide social service assistance and distribute iPads to clients for telehealth. The total project budget is \$200,000, of which \$100,000 comes from the HFNJ grant.

This report shows that the grantee has expended \$120,000 of the \$200,000 total project budget as of the date of this report. Of the portion of the budget attributed to the HFNJ grant, the grantee has spent \$65,000 toward their \$100,000 award - leaving \$35,000 in HFNJ funds for the remainder of the project.

Healthcare Foundation of New Jersey Interim/Final Report Budget Form

The purpose of this Budget Form is to provide HFNJ with complete information about your program/project's projected expenses and revenues. **YOU MUST USE THIS FORMAT** to present your budget. You may add categories where necessary.

- > **Organization Name:** XYZ Sample Community Corporation
- > **Project/Program Name:** Better Healthcare Initiative
- > **This budget covers the period** January 1, 2026 to December 31, 2026

	Total	Awarded from HFNJ	Program Actuals to 6/30/2026	Actual Expenses from HFNJ Grant to 6/30/2026	Amount of HFNJ Grant Unspent
PROJECT INCOME	Total				
Agency Resources	50,000				
Good Grants Foundation	50,000				
Fees and Reimbursements					
HFNJ Awarded	\$100,000.00	\$100,000.00			
Total Income	\$ 200,000				

	Total	Awarded from HFNJ	Program Actuals to 6/30/2026	Actual Expenses from HFNJ Grant to 6/30/2026	Amount of HFNJ Grant Unspent
PROGRAM/PROJECT EXPENSES					
Salaries (List)					
Social Worker, LCSW (0.5 FTE)	60,000		35,000	–	
Exec. Director (0.25 FTE)	30,000		15,000	–	
Fringe (11%)	10,000		5,000	–	
Total Personnel	\$ 100,000	\$ –	\$ 55,000	\$ –	
Capital Expenses (List)					
iPads (40)	40,000	40,000	20,000	20,000	20,000
Mobile Outreach Van	30,000	30,000	30,000	30,000	–
Total Capital Expenses	\$ 70,000	\$ 70,000	\$ 50,000	\$ 50,000	\$ 20,000
Office Expenses (List)					
General Operating Support	20,000	20,000	10,000	10,000	10,000
Total Office Expenses	\$ 20,000	\$ 20,000	\$ 10,000	\$ 10,000	\$ 10,000
Program Costs (List)					
Gas, Parking, Tolls	\$ 10,000	\$ 10,000	\$ 5,000	\$ 5,000	\$ 5,000
Total Program Costs	\$ 10,000	\$ –	\$ 5,000	\$ 5,000	\$ 5,000
Total Expenses	\$ 200,000	\$ 100,000	\$ 120,000	\$ 65,000	\$ 35,000