



Center for Congregations

Mental Health Initiative Final Financial Report

In the table below, add the names of your funded resource(s), the dollar amounts originally budgeted (see your grant application), and the amount actually spent.

Name of Congregation and Date: _____

Grant-Funded Resource (Activity or Vendor)	Original Budget	Actual Expense
Total		
Grant Amount <small>(adjusted if Actual is less than Original)</small>		
Congregation's Financial Responsibility <small>(10% of Grant Eligible)</small>		
Amount to be Returned to Center for Congregations*		

* If you have unspent grant money over \$100, please return the unspent funds by making a check payable to:

Center for Congregations
 303 N Alabama St.
 Ste. 100
 Indianapolis, IN 46204