

Martha's Vineyard Savings Bank Charitable Fund

A Permanent Endowment of Martha's Vineyard Donor Advised Fund

Financial Report



Grantee Organization: _____

Grant Program/Project: _____

Amount of Martha's Vineyard Savings Bank Charitable Fund Grant: _____

Total Cost of Program/Project: _____

Period Covered in this Report: _____

Amount Approved **Amount Expended** **Balance**

Personnel Expenses

Salaries and Wages

Stipends

Non-Personnel Expenses

Contract Services

Space

Equipment

Travel/Related Expenses

Supplies

Other (specify)

Report Prepared By: _____

Signature: _____

Title: _____

Telephone: _____ Email: _____

Please return this financial report to the MVSBC at P.O. Box 1069, Edgartown, Massachusetts 02539.