



Martha's Vineyard Savings Bank Grant Application Financial Report

Date: _____

Organization: _____

Brief Project Description: _____

Amount Received: _____

Total Cost of Program/Project: _____

Personnel Expenses	<u>Amount Approved</u>	<u>Amount Expended</u>	<u>Balance</u>
Salaries			
Wages			
Stipends			

	<u>Amount Approved</u>	<u>Amount Expended</u>	<u>Balance</u>
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 MVSBS Community Relations Coordinator at P.O. Box 1069, Edgartown, Massachusetts 02539.