Please use this form when reporting to the Foundation income earned on grant payments. The report should accompany your financial report. You may recreate this form.

RWJF Grant Identification #:__________________________________________________________

Name of Organization:________________________________________________________________

Project Director Name and Phone Number: _____________________________________________

Responsible Financial Officer Name and Phone Number: _________________________________

Budget Period: _____________________________________________________________________
*(normally 12 months but may be more or less and is based on your fiscal year)*

Income Earned this Period: __________________________________________________________

Cumulative Income Earned to Date: __________________________________________________

Describe how the income was generated and how it was spent. Identify items or services purchased with the income.