

Interim Activity and Financial Report

OHS Education Trust Fund



Organization Information

Complete Name of Organization: _____

Contact Person: _____

Mailing Address: _____ Street Address: _____

Postal Code: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Project Information

Project Title: _____

Start Date: _____ End Date: _____

Progress

Provide a summary of progress on project activities

Update/Status	
Target audience	_____ _____ _____
Supporting Documentation	_____ _____ _____
Reporting Notes	_____ _____ _____
Sustainability Outcomes	_____ _____ _____

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Budget summary

Item	Budget	Actual	Comments
Salaries and benefits			
Travel			
Operational			
Honoraria			
Facility Lease/Rent			
Equipment			
Office supplies			
Program material			
Resource Materials			
Administrative			
Other expenses			
Totals			

I declare that the information in this form is accurate and complete and is being made by the organization named on the OHS Education Trust Fund Application Form with its full knowledge and consent.

Name (print): _____ Title: _____

Date: _____ Signature: _____