 **ANNUAL FINANCIAL REPORT**

 **🡪Reports are to cover the fellowship year, July 1 – June 30. A financial report is due on October 31, after each full year of the Fellowship, including Year 1.**

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| --- | --- |
| **Please send completed and signed form to:** | Shari Hockenbery, CMP, Program SpecialistFrancis Family Foundation800 West 47th Street, Suite 717 / Kansas City, MO 64112Email: shari@francisfoundation.org |

|  |  |
| --- | --- |
| **Sponsoring Institution** |  |
| **Mentor’s Name, degree(s)****(**first, middle, last name, degrees)  |  |
| **Fellow’s Name, degree(s)****(**first, middle, last name, degrees)  |  |
| **Fellow’s actual research % effort****(**not % salary paid with PBF funding)  |  |
| **PBF Fellowship start-end dates****(**e.g., 7/14 – 6/17)  |  | **Report Period****(**e.g., Yr2, 7/15-6/16)  |  |

|  |  |
| --- | --- |
| **Cost category** | **Costs for year** |
| **PBF Fellow’s salary** |  |
| **PBF Fellow’s Fringe benefits** |  |
| **Fellow’s Travel (**$2000 limit)  |  |
| **Total Costs** |  |

|  |
| --- |
| **PBF Fellowship Budget Report** |
| **for Fellowship Year** |  ***(1, 2 or 3)*** | **Ending June 30** | ***Type year here*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Carry forward from prior yr** | **$** | **PBF Award for year** | **$** | **Total PBF Funding** | **$** |
| **Total Costs for the year** | **$** |
| **Balance** | **$** |

|  |  |  |
| --- | --- | --- |
| **Person to contact regarding this report** | **Email Address** | **Telephone** |
|  |  |  |

**NOTE: Please do NOT refund carry-forward balances. The final check, issued in December of Year 3 of the fellowship, will be reduced by the carry-forward amount reported in the last annual financial report. For the final award year, refund the total balance only if the balance exceeds $1,000.**

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Sponsor Signature* |  | *Printed Name* |  | *Date* |
|  |  |  |  |  |
| *Financial Officer Signature* |  | *Printed Name* |  | *Date* |