

**MASSACHUSETTS SERVICE ALLIANCE
MENTORING INITIATIVE ~ FINAL FINANCIAL REPORT**

ORGANIZATION:	CONTACT:
PROGRAM:	GRANT #:
FEDERAL ID.#:	GRANT AWARD:
PERIOD COVERED BY REPORT:	DATE PREPARED:
<p>A. TOTAL AWARD FOR PERIOD _____ (Obtain From Cooperative Agreement)</p> <p>B. TOTAL PAYMENTS/ADVANCES RECEIVED _____ (All payments received to-date)</p> <p>C. TOTAL EXPENDITURE _____ (All funds expended to date from Final Report)</p> <p>D. BALANCE DUE TO MASSACHUSETTS SERVICE ALLIANCE _____ (LINE B Less Line C, if B is Greater than C attach check payable to Massachusetts Service Alliance)</p>	
<p>I certify that the information contained in this report is an accurate representation of this program's actual activities.</p>	
_____ PRINT NAME	_____ SIGNATURE/DATE
<p>(MSA USE ONLY) Approval: _____ Date: _____ Mentoring 2007-2008</p>	