

FINANCIAL REPORT FORM EXHIBIT B

**Mail original and support documentation:
Cuyahoga County Grants and Training
310 West Lakeside Ave., Suite 795A
(Ph) 216-443-5681 (Fax) 443-5773**

A. GRANT: _____

B. AWARDEE: _____

C. Report Period Ending: _____

D. Check Box/Marked "F" if Final Report for this Grant.

E. Subgrantee: _____

Street Address: 1219 Ontario Street

City, State Zip: Cleveland, Ohio 44113

F. Implementing Agency: _____

Street Address: _____

City, State Zip: _____

Payment Request:

G. BUDGET COST CATEGORIES	H. APPROVED BUDGET	I. CURRENT EXPENDITURES	J. PRIOR YTD EXPENDITURES	K. TOTAL YTD EXPENDITURES	L. AVAILABLE BALANCE	M. TOTAL UNPAID OBLIGATIONS
EQUIPMENT				-	-	
PLANNING				-	-	
TRAINING				-	-	
EXERCISE				-	-	
GRANT ADMINISTRATION				-	-	
TOTAL COST	-	-	-	-	-	-

N. FUND DISTRIBUTION	APPROVED BUDGET	CURRENT EXPENDITURES	PRIOR YTD EXPENDITURES	YTD EXPENDITURES	AVAILABLE BALANCE	UNPAID OBLIGATIONS
FEDERAL/STATE FUND				-	-	
CASH MATCH				-	-	
IN-KIND MATCH				-	-	
TOTAL COST	-	-	-	-	-	-

O. FUND CASH POSITION	FEDERAL/STATE FUNDS	LOCAL/STATE MATCH	FORFEITURES	OTHER PROJECT INCOME	DJA/GT USE ONLY:
CURRENT RECEIPTS					
YTD RECEIPTS					
YTD EXPENDITURES					
BALANCE	-	-	-	-	

I CERTIFY THAT ALL TRANSACTIONS REPORTED ABOVE HAVE BEEN MADE IN COMPLIANCE WITH ALL APPLICABLE STATUTES AND REGULATIONS, AND IN ACCORDANCE WITH THE APPROVED GRANT AWARD.

Designated Official Signature: _____

Typed Name and Title: _____

This Report Prepared By:

Name: _____

Title: _____

Address: _____

Phone No.: _____

Fax No.: _____

e-mail: _____

Report Reviewed and Approved By: _____