

GOFBCI Ohio TANF Training Program

Organizational Information

Project Name	<input type="text"/>	Organization Name	<input type="text"/>
Project Manager	<input type="text"/>	Organization POC	<input type="text"/>
POC Phone Number	<input type="text"/>	POC Email	<input type="text"/>

Report Month Report Year

Financial Information

Organizations Served

Served	Month	Year to Date
Trainings		
1:1 Mentoring		
Troubleshooting		

Grant Amount	<input type="text"/>
Cost Categories	Monthly Expenses
Admin	<input type="text"/> Cat 1
Mandatory	<input type="text"/> Cat 2
Evidence	<input type="text"/> Cat 3

ROMA Statement

Of the people served by the 100 in program year

number will

number will

number will

and sustain that level gain for at least months

Total	\$0.00	Spending Down
Percent of Total Grant	#DIV/0!	
Last Month Expenses	\$0.00	
Year to Date Spent		
Funds Remaining	\$0.00	

Regional Outreach and Trainings

Please list the number of each service delivered

Groups reached	<input type="text"/>	Topics covered	<input type="text"/>
Groups confirmed	<input type="text"/>	Groups completed	<input type="text"/>
Groups attended	<input type="text"/>		

One-on-one mentoring

Please list the number of each service delivered

Number of groups served	<input type="text"/>
501© 3 status	<input type="text"/>
Tax compliance	<input type="text"/>
How many grants written	<input type="text"/>
How many grants awarded	<input type="text"/>