



OCTF County Agent ANNUAL FISCAL REPORT

County: _____

Reporting Period
From: _____ **To:** _____

Budget Categories	Allocation Amount	Expenditures	Balance Remaining
Grants			
Administrative Fee <i>(not to exceed 5%)</i>			
TOTAL			*Shall be returned to Treasurer of Ohio

Administrative Agent _____

Address _____

Federal Tax I.D. # _____

Report Prepared by _____

Telephone (_____) _____

Fax (_____) _____

For OCTF Use Only:

*** IN ACCORDANCE WITH STATUTE, THIS IS A REQUEST FOR UNEXPENDED MONIES DUE TO The Ohio Children-s Trust Fund: \$ _____**

Make check payable to: Ohio Children-s Trust Fund

**Send check to KKKK Treasurer, State of Ohio
 P.O. Box 182367
 Columbus OH 43218-2367**

Check will be mailed on: _____

Authorized Signature Date

Send signed original report to:
 Ohio Children-s Trust Fund
 255 East Main Street-3rd floor
 Columbus OH 43215-5222