



ANNUAL FISCAL REPORT FOR GRANTEES

County: _____

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

Budget Categories	Grant Amount <i>(exclude 20% local match)</i>	Year to Date Expenditures <i>(exclude 20% local match)</i>	Percentage Expended
Personnel			
Consultants			
Travel			
Supplies			
Equipment			
Other			
TOTALS			
XXXXXX	XXXXXX	AMOUNT OF FUNDS NOT FULLY EXPENDED ==	*

Grantee _____

Address _____

Federal Tax I.D. # _____

Program/Service Name _____

Report Prepared by _____

Telephone (_____) _____

Fax (_____) _____

I certify that all transactions reported are accurate and have been made in compliance with state and local statutes and regulations.

*** ALL FUNDS NOT EXPENDED OR ENCUMBERED BY June 30 OF THE GRANT YEAR MUST BE RETURNED TO THE COUNTY TREASURER BY JULY 30.**

OCTF COUNTY AGENT USE
Date Report Received:
Date unexpended funds were received by County Treasurer:
Comments:

 Authorized Signature Title

 Print Name Date