



## SEMI-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			
<b>TOTALS</b>			

Grantee \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Federal Tax I.D. # \_\_\_\_\_

Program/Service Name \_\_\_\_\_

Report Prepared by \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

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

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.**

\_\_\_\_\_  
 Authorized Signature Title

\_\_\_\_\_  
 Print Name Date