

**Child Care Resource & Referral Services System
RFP#: R-04-06-0118**

**ATTACHMENT K
(CCR&R Reporting Forms)**

The following forms have been provided for grant applicant reference purposes. These forms do not need to be returned with the grant applicant's proposal.

Budget/Revision Request

PLEASE FILE ORIGINAL

Grantee Name/SDA #: _____	Grant Agreement#: _____
Grantee Address: _____	Federal Tax ID#: _____
Telephone: _____	Revision Number: _____
Date: _____	Completed by: _____

We hereby submit the following revision to the above grant for your approval:

Budget Category	Current Total Budget	Revision Adjustment Budget	Revised Total
Personnel	_____	_____	_____
Office Expenses	_____	_____	_____
Rental or Use of Space	_____	_____	_____
Non-Inventoriable Equipment	_____	_____	_____
Operating Costs	_____	_____	_____
Educational Materials and Equipment	_____	_____	_____
Other	_____	_____	_____
Totals	_____	_____	_____

**CERTIFICATION: I certify that all transactions reported have been made
in compliance with federal, state and local statutes and regulations
and in accordance with the approved Grant Agreement .**

_____	_____	_____
(Typed Name and Title)	(Original Signature)	(Date)

TO GRANTEE: The revision to the above grant project is approved, subject to such conditions or limitations as may be set forth.

Date: _____ By: _____

Submit to:

Ohio Department of Job & Family Services (ODJFS)

Bureau of Child Care & Development (BCCD)
255 East Main Street, 3rd Floor, Columbus, Ohio 43215-5222
ATTN: Grant Manager

**Child Care Resource & Referral Services
Request for Payment**

Date Submitted: _____ **Invoice #:** _____

Grant Number: _____ **Invoice Amount:** _____

Billing Period: _____ **Federal Tax I.D.#:** _____

Phone Number: _____ **SDA Number:** _____

Purpose:

1/12 payment for the above noted grant agreement number for the Child Care Resource & Referral Program.

Make request for payment to:

**Ohio Department of Job and Family Services
Bureau of Accounts Payable
30 E. Broad St., 38th Floor
Columbus, OH 43215-3414**

Grantee Name: _____

Grantee Address: _____

Grantee Signature:

Name/Title **Date**

Grant Manager Signature:

Name **Date**

Child Care Resource & Referral Services System

Monthly Project Budget Summary

ODJFS, OCF, Bureau of Child Care & Development

Child Care Resource & Referral Services Organizations (CCR&R) - Monthly Project Budget Summary

Grantee Name/SDA #		Grant Agreement #	
Grantee Address		Federal Tax ID#:	
Telephone #		Period Covered by Summary:	
Completed By:		Date of Submission:	

Budget Category	Expenditures	Comments
A. Personnel		
1. Salaries		
2. Fringe Benefits		
3. Consultants		
4. Trainers		
5. Other		
A. Personnel Subtotal		
B. Office Expense		
1. Office Supplies		
2. Telephone		
3. Postage		
4. Utilities		
5. Other		
B. Office Expense Subtotal		
C. Rent/Use of Space		
C. Rent/Use of Space Subtotal		
D. Non-Invent. Equipment		
1. Equipment Rental		
2. Maintenance Agreements		
3. Other		
D. Non-Invent. Equip Subtotal		
E. Operating Expense		
1. Printing		
2. Equipment		
3. Advertising		
4. Miscellaneous		
E. Operating Expense Subtotal		
F. Educational		
F. Educational Subtotal		
G. Other		
1. OCCRRA Tech.		
G. Other Subtotal		
Monthly Grand Total		

Authorized Signatures		
Fiscal Officer Signature		Project Director Signature
ODJFS Approved By:		Ohio Department of Job and Family Services (ODJFS)

Signature	Date:	Bureau Of Child Care & Development (BCCD)
		255 East Main Street 3rd Floor, Columbus OH 43215
		Attn: Grant Manager