

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING FORM

GRANTEE NAME (AS SHOWN ON GRANT AWARD) ABC County	REPORT PERIOD 01/01/17 - 03/31/17	GRANT NUMBER 2017-TD-XX-XXXX
PROJECT TITLE Treatment Alternatives & Diversion Program	GRANT PERIOD 01/01/17 - 12/31/17	
IS THIS THE FINAL REPORT FOR THIS GRANT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

PART I: EXPENSES - REPORT ACTUAL EXPENSES

BUDGET CATEGORIES	1 FED/OR STATE CURRENT EXPENSES	2 FED/OR STATE EXPENSES TO DATE	3 MATCH EXPENSES TO DATE (IF REQUIRED)	4 (2 + 3) EXPENSES TO DATE INCLUDING	5 APPROVED BUDGET INCLUDING MATCH	6 BALANCE
PERSONNEL	14,200.00	14,200.00	8,750.00	22,950.00	100,000.00	77,050.00
EMPLOYEE BENEFITS	5,268.00	5,268.00	2,700.00	7,968.00	40,000.00	32,032.00
TRAVEL/TRAINING	478.50	478.50	0.00	478.50	5,300.00	4,821.50
EQUIPMENT	0.00	0.00	0.00	0.00	0.00	0.00
SUPPLIES/OPERATING	2,470.00	2,470.00	300.00	2,770.00	35,000.00	32,230.00
CONSULTANTS/CONTRACTUAL	18,550.00	18,550.00	0.00	18,550.00	50,000.00	31,450.00
OTHER	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	40,966.50	40,966.50	11,750.00	52,716.50	230,300.00	177,583.50

PART II: FUNDS REPORT AND REQUEST

	RECEIVED TO DATE	NOW REQUESTED
FED/OR STATE FUNDS	0.00	40,966.50

PART III: PROGRAM INCOME

	CURRENT PERIOD	TO DATE
EARNED	100.00	0.00
EXPENDED	100.00	0.00

PERSON/TELEPHONE NUMBER RESPONSIBLE
FOR G-2 COMPLETION:

NAME:	TELEPHONE
Fiscal Person	608-222-2222

FOR DOJ OFFICE USE ONLY:

AMOUNT VOUCHERED _____	CODE _____
DATE VOUCHERED _____	VO# _____
CONDITIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART IV: GRANTEE CERTIFICATION

I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND THAT ALL INFORMATION IS CONTAINED IN THE PERMANENT FISCAL RECORDS OF MY ORGANIZATION.
ORIGINAL SIGNATURES OF BOTH THE PROJECT DIRECTOR AND FINANCIAL OFFICER MUST BE PROVIDED.

SIGNATURE OF PROJECT DIRECTOR	DATE	SIGNATURE OF FINANCIAL OFFICER	DATE
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