

**MEDINA COUNTY DRUG ABUSE COMMISSION
SEMI-ANNUAL BUDGET REPORT**

Due Date: 1/31/19

Funding Cycle Reporting Period from July 1st, 2018 through December 31st, 2018

GRANTEE: _____ PROJECT: _____

| | MCDAC Award Amount | MCDAC Funds Received | MCDAC Funded Expenses | CASH BALANCE |
|-------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|-------------------------|
| Salary | | | | |
| Benefits | | | | |
| Purchased Services | | | | |
| Contractual Fees | | | | |
| Rent | | | | |
| Equipment Lease | | | | |
| Utilities | | | | |
| Printing | | | | |
| Training | | | | |
| Office Supplies | | | | |
| Materials | | | | |
| Other | | | | |
| TOTALS | | | | |

*** Cash Balance represents Total Received minus (-) Total Expenses. On Budget Narrative explain any project income and/or adjustments. Please enclose a computer print-out of all expenses with this report.**

The above financial report reflects true and accurate information to the best of our knowledge and belief.

Fiscal Officer _____

Date _____

Project Director _____