

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

Due Date: 1/31/17

Funding Cycle Reporting Period from July 1st, 2016 through December 31st, 2016

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 _____