

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

**Due Date: 8/1/17**

*Funding Cycle Reporting Period from July 1st, 2016 through June 30th, 2017*

**GRANTEE:** \_\_\_\_\_ **PROJECT:** \_\_\_\_\_

	<b>MCDAC Award Amount</b>	<b>MCDAC Funds Received</b>	<b>MCDAC Funded Expenses</b>	<b>CASH* BALANCE</b>
<b>Salary</b>				
<b>Benefits</b>				
<b>Purchased Services</b>				
<b>Contractual Fees</b>				
<b>Rent</b>				
<b>Equipment Lease</b>				
<b>Utilities</b>				
<b>Printing</b>				
<b>Training</b>				
<b>Office Supplies</b>				
<b>Materials</b>				
<b>Other</b>				
<b>TOTALS</b>				**

\* Cash Balance represents Total Received minus (-) Total Expenses. On Budget Narrative (own letterhead) explain any project income and/or adjustments. Please enclose a **COMPUTER PRINT-OUT** of all expenses with this report. \*\*No allowable carryover from one FY to another; any monies in this area result in a refund. *The above financial report reflects true and accurate information to the best of our knowledge and belief.*

*Fiscal Officer* \_\_\_\_\_

*Date* \_\_\_\_\_

*Project Director* \_\_\_\_\_