





## 2. **Program Activity**

Summarize the Minority Health Month activities by date provided by your agency for the month. Include a summary of evaluations that were conducted.

- Were the activities conducted on the correct calendar date? If not, state why.
- Did you meet the proposed number of participants stated on activity sheet?

Describe accomplishments with the program activities?

Discuss any problems encountered and/or changes in the original program activity.

Attach press releases, newspaper articles and materials developed with grant funds.

**3. Partnerships/Collaborations/Co-Sponsorship**

A. List any agencies that you collaborated with for Minority Health Month.

B. Did your agency receive any donations, monetary or other for your Minority Health Month activities? If so, please list their name and estimate value of donation (even if in-kind).



## MINORITY HEALTH MONTH EXPENDITURE REPORT

MHM - \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A	B	C
BUDGET CATEGORY	AMOUNT REQUESTED FROM COMMISSION (approved budget)	AMOUNT EXPENDED (Commission Funds Only)
1. <i>Speakers (itemize by type)</i>		
2. <i>Rentals (specify and list)</i>		
3. <i>Supplies, Contract &amp; Others (itemize)</i>		
4. <i>Administrative Costs (not to exceed 10% of award amount)</i>		
5. <b>Total Commission Cost</b> (cannot exceed \$3,000)		

We certify the information contained in this report is to the best of our knowledge, correct and reflective of the agency's accounting records.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiscal Officer

\_\_\_\_\_  
Date

***MUST BEAR ORIGINAL SIGNATURES***

**THIS REPORT IS DUE WITHIN 15 DAYS FOLLOWING YOUR EVENT. ALL REPORTS MUST BE RECEIVED BY  
MAY 15, 2009. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN NON-PAYMENT.**

INSTRUCTIONS ON REVERSE SIDE

# Instructions for Completion of the Minority Health Month Expenditure Report

**NOTES:** *All expenditures must be supported by copies of receipts and/or legible, legal invoices. For speakers, copies of canceled checks are acceptable. Failure to submit supporting documentation will result in non-reimbursement. Items listed as expenditures that do not appear on the approved budget will be disallowed.*

- Grant Number:** The number assigned on your Notice of Award.
- Federal Tax I.D.#:** This number is issued by the IRS. It appears on agency's 501 (C)(3) or sometimes as the Entity Identification Number (EIN).
- Agency Name:** Insert the legal name of your agency. It must match the name on the 501 (C) (3).
- Contact Person:** Use the name of the person who has day-to-day responsibility for the Minority Health Month Project.
- Phone:** Applicant should give the phone number of the contact person(s) who has day-to-day responsibility for the Minority Health Month project.

## Speakers

- Column A: Identify each speaker (by name) whose speaking fee will be paid for by the Commission. List topic(s) as well.
- Column B: Identify the amount listed in the APPROVED BUDGET under Column B.
- Column C: Enter the expended amount to be reimbursed by the Commission. The amount identified cannot exceed the amount listed in Column B of the approved budget.

## Rentals

- Column A: Specify each rented line item with unit cost charged to the Commission (rental of chairs, tables, rooms, etc.), e.g. 50 chairs x .80/chair = \$40.
- Column B: Specify the cost of the rented line item being charged to the Commission. The amount listed should be the same amount identified in the APPROVED BUDGET under Column B.
- Column C: Enter the amount spent that you want to be reimbursed by the Commission. The amount identified cannot exceed the amount listed in Column B as it appears in the approved budget.

## Supplies, Contract & Other

- Column A: Make a list of all supplies. They must be itemized and specify unit costs (e.g. office supplies, printing, advertising, etc.), and contracts (e.g. video service, printing etc.).
- Column B: Identify the cost of each product or service being charged to the Commission. The amount should not exceed the amount that is listed in the approved budget under Column B.
- Column C: Enter the amount that will be charged to the Commission. The amount identified cannot exceed the approved amount for the supplies Contract & Other category.

**Food/Refreshments:** Consistent with the Governor's Executive Order 2007-09S, "refreshments" are not reimbursable under this grant. (See Commission website at [www.mih.ohio.gov](http://www.mih.ohio.gov).)

**Total Commission Cost:** Add up the dollar amounts in Column B and Column C. The amount in Column B should not exceed the approved budget. The amount in Column C is the amount you wish to be reimbursed by the Commission. The total amount can not exceed the amount stated in the Notice of Award and approved budget.

**Executive Director and Fiscal Officer:** The Expenditure Report must be signed by the Executive Director and the Fiscal Officer. **Without their signature this report is invalid.**