



Ohio Commission on Minority Health

77 South High Street, 7th Floor Columbus, Ohio 43215

Phone: (614) 466-4000 Fax: (614) 752-9049

Website: <http://www.mih.ohio.gov>

Ted Strickland
Governor

Olivia W. Thomas, MD
Chairperson

Reconciliation of Project Financial Activity Fiscal Year 2009

Agency Name _____

Grant Number _____

Your Total Grant Award.....\$

(A) First Quarter Payment received from Commission\$

(B) Second Quarter Payment received from Commission\$

(C) Total Payments to Date\$

(D) Total Expenses to Date\$

(E) Cash balance at end of 1st & 2nd Quarters\$

(F) Obligations/Encumbrances (Itemized on Page 2 of this form)\$

(G) Available Cash on Hand\$

(H) Remaining Grant Balance\$
(Total grant award less total payment to date)

(I) Requested Quarter Payments:

3rd Quarter Payment\$

4th Quarter Payment\$

(Total payments should not exceed remaining grant balance on line H)

NOTE: Projects should assess their program and budgetary needs before completing Line I.

Executive Director

Date

Fiscal Officer

Date

INSTRUCTIONS FOR COMPLETION of the RECONCILIATION OF PROJECT FINANCIAL ACTIVITY FORM

AGENCY NAME: Enter the legal name of your agency.

GRANT #: Enter grant number that has been established by the Commission for your agency the number is also sometimes referred to as a project number and begins with **MIH, MIHL or SLE** (See Acknowledgement of Terms).

YOUR TOTAL GRANT AWARD: Enter the total amount awarded to your agency for the current fiscal year. Enter the amount funded by the Commission only.

(A) Enter 1st quarter payment received from the Commission.

(B) Enter 2nd quarter payment received from the Commission.

(C) The sum of the two payments ($A + B = D$)

(D) Enter the year-to-date expenditure amount.

(E) The amount of cash on hand balance ($C - D = E$)

STOP! Go to Page 2 and complete outstanding obligations/encumbrances section

(F) The total obligation(s) and/or encumbrance(s) amount from page 2

(G) The total available cash on hand ($E - F = G$)

(H) Available grant award balance

(I) Enter the anticipated amount required for each quarter. This amount cannot exceed the amount listed on line H.

EXECUTIVE DIRECTOR: This form must be signed by the Executive Director of the agency. If it is left blank, it is considered invalid and cannot be used.

FISCAL OFFICER: This form must be verified and signed by the Fiscal Officer of the agency. If it is left blank, it is considered invalid and cannot be used.

List all outstanding obligations/encumbrances (all items must correspond with your approved budget). Obligations such as contracts that are meant to be paid at the end of the project should be listed with the pending date of payment. All outstanding obligations must be liquidated within 30 days of grant ending.

Projected obligations/encumbrances through June 30, 2009

Item (itemize and/or describe)	Date(s) obligation(s) occurred	Amount
	Total	

Agency Name _____

Grant Number _____