

**II: B. Fiscal Summary (This must reflect the agency's expenditures for the 1<sup>st</sup> and 2<sup>nd</sup> quarters of the current grant)**

**Ohio Commission on Minority Health**

**Year 1 Fiscal Summary**

Agency Name:

Project Name:

Grant Number:

	<b>Year to Date</b>	<b>Balance</b>	<b>% of Total</b>
A. Grant Funds received from the Commission	\$ _____	\$ _____	_____
B. Total Grant Expenditures	\$ _____	\$ _____	
C. Total Outstanding Obligations	\$ _____	\$ _____	
D. Available Grant Funds / Balance A – (B+C)	\$ _____	\$ _____	

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**If project expenditures on line "B" are less than anticipated in the current project budget, please explain reason(s) and future spending plan. The Commission may reduce the grant award if projects indicate grant funds will not be used.**

**COMMENTS AND EXPLANATIONS:**

**Check if additional sheets are attached**

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**For COMMISSION USE:**

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**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