



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Organization Financial Report

Adm. = Administrative Promo = Promotion Serv. = Services NSIP = YTD = Year to date

A. Organization information	
AAA name	_____
Project name	_____
Address	_____
City	_____
Reported period	_____
Grant period	_____
Beginning	Ending
<p>I certify that the information contained in this statement is accurate to the best of my knowledge, that all adjustments are completely accounted for, and that all costs reported herein were accrued in accordance with the conditions of this grant.</p>	
Signature of grantee official	Date

B. Grant award information	III-B services	III-D health promo	III-E adm./ caregiver	III-B adm.	III-C1 adm./serv.	III-C2 adm./serv.	Total Title III	Total Title VII	NSIP
1. Title III, VII, and NSIP grant awards									
C. Cumulative revenues by program	III-B services	III-D health promo	III-E adm./ caregiver	III-B adm.	III-C1 adm./serv.	III-C2 adm./serv.	Total Title III	Total Title VII	NSIP
1. Title III, VII, and NSIP received - YTD									
2. Grantee cash contributed - YTD									
3. Program income - YTD									
4. Total income YTD (C1+C2+C3)									

D. Cumulative disbursements by program

Cost categories	Title III service					Title III AAA administration			Total Title III	Title VII	NSIP	
	III-B services	III-C1 congregate meals	III-C2 home del meals	III-D health promo	III-E adm/ caregiver	III-B adm. funds	III-C1 adm. funds	III-C2 adm. funds		Abuse prevention	Cash in lieu	
1. Personnel												
2. Travel												
3. Food												
4. Nutrition consultant												
5. Equipment												
6. Rent/utilities												
7. Other costs												
8. Alter/new construction												
9. Indirect costs												
10. Total costs												

E. Cash balance and grant remaining

Cost categories	Title III service					Title III AAA administration			Total Title III	Title VII	NSIP
	III-B services	III-C1 congregate meals	III-C2 home del meals	III-D health promo	III-E adm/ caregiver	III-B adm. funds	III-C1 adm. funds	III-C2 adm. funds		Abuse prevention	Cash in lieu
1. Cash balance on hand (C4 - D10)											
2. Total grant unearned (B1 + C2 + C3 - D10)											