MEDINA COUNTY DRUG ABUSE COMMISSION
REQUEST FOR FUNDS
PLEASE CHECK APPROPRIATE QUARTER

- ❑ **1st Quarter-Due July 1st; submit in June**
- ❑ **2nd Quarter-Due October 1st; submit in September**
- ❑ **3rd Quarter-Due January 1st; submit in December**
- ❑ **4th Quarter-Due April 1st; submit in March**

GRANTEE: _____

Budget Category	Award Amount	Quarterly Request	YTD Request Total
Salary			
Benefits			
Purchased Services			
Contractual Fees			
Rent			
Equipment Lease			
Utilities			
Printing			
Training			
Office Supplies			
Materials			
Other			
Total			

Only request monies needed for each quarter of operation

Requested By:

_____ _____

Project Director Date Fiscal Officer Date

Approved By:

_____ _____

MCDAC Executive Director Date