

**MEDINA COUNTY DRUG ABUSE COMMISSION
ANNUAL BUDGET REPORT**

Due Date: 8/1/10

Funding Cycle Reporting Period from July 1st, 2009 through June 30th, 2010

GRANTEE: _____ **PROJECT:** _____

	MCDAC Award Amount	MCDAC Funds Received	MCDAC Funded Expenses	CASH* BALANCE
Salary				
Benefits				
Purchased Services				
Contractual Fees				
Rent				
Equipment Lease				
Utilities				
Printing				
Training				
Office Supplies				
Materials				
Other				
TOTALS				**

* Cash Balance represents Total Received minus (-) Total Expenses. On Budget Narrative (own letterhead) explain any project income and/or adjustments. Please enclose a **COMPUTER PRINT-OUT** of all expenses with this report. **No allowable carryover from one FY to another; any monies in this area result in a refund. *The above financial report reflects true and accurate information to the best of our knowledge and belief.*

Fiscal Officer _____

Date _____

Project Director _____