

**Ohio Office of Criminal Justice Services  
QUARTERLY SUBGRANT REPORT**

A. Subgrant No: 2009-JG-A01-XXXX  
 B. Subgrant Title: Drug Task Force  
 C. Period Ending Date: 3/2/2010  
 D. Initial Paymt Request \$ \_\_\_\_\_ Max 15% of OCJS  
 Payment Request \$ \_\_\_\_\_  
 Final Report   
 E. Impl. Agency Office of Criminal Justice Services

This report is required for all OCJS subgrants and is due 30 days after the end of each quarter. Please fax one signed copy to:  
 Office of Criminal Justice Services at (614) 466-0308

F. Subgrantee: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_

G. Budget Cost Categories	H. Approved Budget	I. Prior YTD Expenditures	J. Current Expenditures	K. Total YTD Expenditures	L. Unpaid Obligations (2)
Personnel	50000.00			0.00	
Consultants	0.00			0.00	
Travel	500.00			0.00	
Equipment	5000.00			0.00	
Supplies	250.00			0.00	
Other Costs	0.00			0.00	
Confidential Funds	10000.00			0.00	
Indirect Costs				0.00	
<b>Total Cost</b>	<b>\$65,750.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

M. Fund Distribution	Approved Budget	Prior YTD Expenditures	Current Expenditures	Total YTD Expend.	Unpaid Obligations
OCJS	49312.50			0.00	
Local Match	16437.50			0.00	
In-Kind Match				0.00	
<b>Total Cost</b>	<b>\$65,750.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

N. Cash Position	OCJS Funds	Local/State Match	O. Project Income	Forfeitures	Interest	Other
YTD Receipts			Earned (+)	5727.38	472.87	
YTD Expenditures			Expended (-)	5727.38	472.87	
Cash on Hand (3)	\$0.00	\$0.00	Balance	\$0.00	\$0.00	\$0.00

P. STATUS OF OBJECTIVES-PLEASE DESCRIBE THE PROGRESS TOWARD THE OBJECTIVES FOR THE PROJECT.

Q. OBSTACLES & SUCCESSES-DESCRIBE ANY IMPLEMENTATION ISSUES ENCOUNTERED AND PROJECT ACCOMPLISHMENTS.

R. CERTIFICATION & SIGNATURE. I certify that all information and transactions reported above are accurate and have been made in compliance with all applicable statutes and regulations, and in accordance with the approved subgrant award and budget per OCJS.

Typed Name & Title of Designated Official: _____	Signature of Designated Official: _____ Date: _____
OCJS Use Only	Report Approved By: _____ Date: _____

- Notes:
1. Must attach justification to support initial payment request
  2. Use only if project has unpaid invoices at the end of the subgrant period.
  3. Federal guidelines requires cash on hand to be kept at a minimum and expended ASAP.