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: 3/31/2009
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			0.00	
Total Cost	$65,750.00	$0.00	$0.00	$0.00	$0.00

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	
Total Cost	$65,750.00	$0.00	$0.00	$0.00	$0.00

N. Cash Position	OCJS Funds	Local/State Match	O. Project Income	Forfeitures	Interest	Other
YTD Receipts			Earned (+) QTRLY	363.94	0.00	0.00
YTD Expenditures			Expended (-)QTRLY			
Cash on Hand (3)	$0.00	$0.00	Balance	$363.94	$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.*

PROJECT INCOME WORKSHEET-TOTAL BUDGET METHOD

SUBGRANT NUMBER _____
SUBGRANT TITLE _____

CURRENT SUBGRANT FEDERAL FUNDING PERCENTAGE:

A.	Total Task Force Operating Budget(include all costs contributed to the task force: personnel, consultants, travel, equipment, supplies, other costs, etc.)	$1,000,000.00
	TOTAL OCJS PROJECT COSTS: (Federal and Match)	$100,000.00
B.	OCJS/FEDERAL DOLLARS:	$75,000.00
	LOCAL MATCH:	$25,000.00

TOTAL CURRENT INCOME RECEIVED FROM DRUG TASK FORCE ACTIVITY:

C.	Total Forfeitures Received during current period:	$5,235.00
D.	Other Income Receive during current period:	$1,235.00
E.	Total Current Project Income Received during current period: Line C plus Line D	$6,470.00
	Carry Line C forward to the OCJS current Semi-Annual performance report; pg.8 "Criminal Assets Forfeited"	
F.	Calculation of current federal funding percentage: Line B divided by Line A	7.50%
G.	Calculation of OCJS/FEDERAL portion of current Quarter Receipts: Line E times Line F	$485.25
H.	Current Quarter Receipts minus local match: Line G times 75%	$363.94
	Carry Line H forward to the "Project Income Received" section of the OCJS Quarterly Subgrant Report, this is the accounting amount for which your project will need to report expenditures to OCJS until all funds are expended.	