

## OKLAHOMA DEPARTMENT OF HUMAN SERVICES



## **Organization Financial Report**

Adm. = Administrative Promo = Promotion Serv. = Services NSIP = YTD = Year to date										
A. Organization information  AAA name	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
Project name Address City Reported period	1. Title III, VII, and NSIP grant awards									
Grant period	C. Cumulative	III-B	III-D	III-E	III-B	III-C1	III-C2	Total	Total	Τ
Beginning Ending	revenues by	services	ש-ווו health	adm./	adm.	adm./serv.	adm./serv.	Title III	Title	NSIP
I certify that the information contained in this	program		promo	caregiver					VII	
statement is accurate to the best of my knowledge, that all adjustments are completely accounted for, and that all costs reported	1. Title III, VII, and NSIP received - YTD									
herein were accrued in accordance with the conditions of this grant.	2. Grantee cash contributed - YTD									
Sommer of the grant	3. Program income - YTD									
Signature of grantee official Date	4. Total income YTD (C1+C2+C3)									

## D. Cumulative disbursements by program

	Title III service						I AAA admir	istration		Title VII	NSIP
	III-B services	III-C1 congregate	III-C2 home del	III-D health	III-E adm/	III-B adm.	III-C1 adm.	III-C2 adm.	Total Title	Abuse prevention	Cash in lieu
Cost categories		meals	meals	promo	caregiver	funds	funds	funds	III		
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

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