

FEDERAL GRANT EXPENDITURE REPORT  
 MH 1767-S (4/04)

**SUMMARY SHEET**

TYPE OF GRANT: SAMHSA \_\_\_\_\_ PATH \_\_\_\_\_ STATE FISCAL YEAR \_\_\_\_\_  
 COUNTY: \_\_\_\_\_ SUBMISSION DATE: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

1. GRANT PROGRAM	YEAR END ACTUAL COST COUNTY TOTAL
a. Total Staff Expenses	\$ -
b. Consultant Costs	\$ -
c. Equipment	\$ -
d. Supplies	\$ -
e. Travel	\$ -
f. Other	\$ -
g. County Administrative Cost (see instructions on back)	\$ -
h. <b>NET COST</b> (sum of a. thru g.)	\$ -
i. OTHER FUNDING SOURCES: Federal Funds	\$ -
Non-Federal Funds	\$ -
j. <b>TOTAL OF OTHER FUNDING SOURCES</b> (sum of i.)	\$ -
k. <b>GROSS COST</b> (sum lines h. and j.)	\$ -
2. GRANT FUND RECONCILIATION	
a. Authorized Gross Expenditure Level	\$ -
b. Total Expenditures (line 1.h.)	\$ -
c. Remaining Balance (Roll-forward)	\$ -

I HEREBY CERTIFY THAT THE AMOUNTS ABOVE ARE TRUE AND CORRECT, AND IN ACCORDANCE WITH LAW. I AM THE OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF THE COUNTY MENTAL HEALTH DEPARTMENT.

I AM THE DULY QUALIFIED AND AUTHORIZED OFFICIAL OF THE COUNTY RESPONSIBLE FOR THE EXAMINATION AND SETTLEMENT OF ACCOUNTS.

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_