

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

**Due Date: 1/31/08**

**Funding Cycle Reporting Period from July 1st, 2007 through December 31st, 2007**

**GRANTEE:** \_\_\_\_\_ **PROJECT:** \_\_\_\_\_

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

\* Cash Balance represents Total Received minus (-) Total Expenses. On Budget Narrative explain any project income and/or adjustments. Please enclose a computer print-out of all expenses with this report.

The above financial report reflects true and accurate information to the best of our knowledge and belief.

*Fiscal Officer* \_\_\_\_\_

*Date* \_\_\_\_\_

*Project Director* \_\_\_\_\_