

FINANCIAL STATUS REPORT

Michigan Department of Community Health

BPO Number		Contract Number		Page	1	Of	1
Local Agency Name		Program			Code		
Street Address		Report Period			Date Prepared		
		Thru			<input type="checkbox"/> Final		
City, State, ZIP Code		Agreement Period			FE ID Number		
		Thru					

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages				\$ -
2. Fringe Benefits				\$ -
3. Travel				\$ -
4. Supplies and Materials				\$ -
5. Contractual (Sub-Contracts)	\$ -		\$ -	\$ -
6. Equipment				\$ -
7. Other Expenses				\$ -
				\$ -
				\$ -
8. TOTAL DIRECT	\$ -	\$ -	\$ -	\$ -
9. Indirect Costs: Rate %				\$ -
10. Other Cost Distributions				\$ -
				\$ -
				\$ -
11. TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -
SOURCE OF FUNDS:				
12. State Agreement			\$ -	\$ -
13. Local				\$ -
14. Federal				\$ -
15. Other				\$ -
16. Fees & Collections				\$ -
17. TOTAL FUNDING	\$ -	\$ -	\$ -	\$ -

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date	Title
Contact Person Name	Telephone Number	