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COMMISSION ON MINORITY HEALTH

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**Miscellaneous Supplemental Grant
FINAL REPORT**

THIS REPORT IS REQUIRED WITHIN 15 DAYS OF THE END OF THE GRANT PERIOD.
FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN NON-PAYMENT.

Grant # MGS -

Agency:

Federal Tax ID#

Address:

Contact Person:

Telephone Number:

1. Summarize the activities provided by your agency/organization.
 - a. Provide an overview of the event to include the time, date, location, speakers, and subject matter. Was the event attended by the targeted racial and ethnic population(s)? Provide the number that was directly served. Please note, counting those in attendance at a larger event in which your organization is present, does NOT count towards your number served. Only participants who directly participate in your event.

b. What was the outcome and/or quantifiable benefit that this endeavor provided to the targeted communities? Provide outcomes for each event goal and their associated objectives.

c. List the counties served by the event, to include the numbers of attendance from each county.

d. Did you implement the event satisfaction survey? Yes No

If not, what prevented you from doing so? If so, discuss the results of the satisfaction survey to include averaging of response scores and a list participant comments. Please add additional pages as necessary.

e. Please describe accomplishments

f. Please describe problems encountered and their solutions to include if there were any changes in the original program activity. If no problems were encountered, please provide a statement to that effect.

2. Demographic Screening Reporting Form

Event did not include screenings.

* PLEASE NOTE: ALL ABNORMAL SCREENS MUST RECEIVE FOLLOW UP. Each Grantee will be required to collect contact information on a sign in sheet to allow follow up for any abnormal screens as needed. Grantees should have community referral resources on hand for abnormal screenings

Screening Type (i.e., diabetes, cholesterol, hypertension, mammography, prostate)	Total No. screened	Gender			Total Abnormal Screenings ONLY	Number of Abnormal Screenings by Ethnic\Racial Group*					
		Male	Female	Total		African American	Hispanic	Native American	Asian	White	Other
Ex: Diabetes	100	50	50	100	30	10	10	5	5	0	0

2. Event / Education Demographics

COMMUNITY PARTICIPATION							
Date(s) of Event(s) (list separately)	Total # served	Number served by Ethnic/Racial Group					
		African American	Hispanic	Native Am. Indian	Asian	White	Other
<p>a) Date of event/Service Provided: Indicate each separate activity/service and the date on which it occurred.</p> <p>b) Total # Served: Record the number of people served for each event/service period.</p> <p>c) Total # by Ethnic/Racial Group: Record the number of African Americans, Asians, Hispanics and Native American Indians served through each service/event.</p>							

3. Marketing: Attach press releases, newspaper articles and materials developed with grant funds.

Signature of Fiscal Officer

Date

Instructions for Completion of the Supplemental Grant Expenditure Report

Agency Name: Insert the legal name of your agency. It must match the name on the 501 (C) 3.

MGS _____ - _____: Your supplemental grant will receive a grant number when it arrives in the Commission office. The agency must use this number on all budget forms and use it whenever you correspond with the Commission.

Executive Director: Insert the name of the Chief Executive Officer of the applicant agency and official title.

Contact Person: Use the name of the person who has day-to-day responsibility for the Minority Health Month Project.

Federal Tax I.D.#: This number is issued by the IRS. It appears on agency's 501 (C)(3) or sometimes as the Entity Identification Number (EIN). The tax ID number must be the number representing the agency that is applying for grant funds. If an applicant is using another agency's tax ID number, the agency whose number is being used will be reimbursed for expenditures made during the grant period.

Phone: Applicant should give the phone number of the contact person(s) who has day-to-day responsibility for the Minority Health Month project.

NOTES:

- **All expenditures must be supported by copies of receipts. For speakers copies of canceled checks are acceptable. Failure to submit supporting documentation will result in non-reimbursement.**
- **Items listed as expenditures that do not appear on the approved budget will be disallowed.**

Speakers

Column A: Identify each speaker (by name) whose speaking fee will be paid for by the Commission. List topic(s) as well.

Column B: Identify the amount listed in the APPROVED BUDGET under Column B.

Column C: Enter the expended amount to be reimbursed by the Commission. The amount identified cannot exceed the amount listed in Column B of the approved budget.

Rentals

Column A: Specify each rented line item with unit cost charged to the Commission (rental of chairs, tables, rooms, etc.), e.g. 50 chairs x .80/chair = \$40.

Column B: Specify the cost of the rented line item being charged to the Commission. The amount listed should be the same amount identified in the APPROVED BUDGET under Column B.

Column C: Enter the amount spent that you want to be reimbursed by the Commission. The amount identified cannot exceed the amount listed in Column B as it appears in the approved budget.

Supplies Contract & Other

Column A: Make a list of all supplies. They must be itemized and specify unit costs (e.g. office supplies, printing, advertising, etc.), and contracts (e.g. video service, printing etc.).

Column B: Identify the cost of each product or service being charged to the Commission. The amount should not exceed the amount that is listed in the approved budget under Column B.

Column C: Enter the amount that will be charged to the Commission. The amount identified cannot exceed the approved amount for the supplies Contract & Other category.

Total Commission Cost: Add up the dollar amounts in Column B and Column C. The amount in Column B should not exceed the approved budget. The amount in Column C is the amount you wish to be reimbursed by the Commission. The total amount **can not** exceed the amount stated in the Notice of Award and approved budget.

Executive Director and Fiscal Officer:

The Expenditure Report must be signed by the Executive Director and the Fiscal Officer. **Without their signature this report is invalid**

