

II: B. FY2020 Fiscal Summary (This must reflect the 1st and 2nd quarters)

Ohio Commission on Minority Health

2020 Fiscal Summary for Year 1
July 1, 2019- December 31, 2019

| | Year to Date | Balance | % of Total |
|--|---------------------|----------------|-------------------|
| A. Grant Funds received from the Commission | \$ _____ | \$ _____ | _____ |
| B. Total Grant Expenditures | \$ _____ | \$ _____ | |
| C. Total Outstanding Obligations | \$ _____ | \$ _____ | |
| D. Available Grant Funds / Balance A – (B+C) | \$ _____ | \$ _____ | |

If project expenditures on line B are less than anticipated in the current project budget, please explain reason(s) to include the future spending plan. The Commission may reduce the grant award if a project indicates grant funds will not be used.

COMMENTS AND EXPLANATIONS:

Check if additional sheets are attached.

FOR COMMISSION USE:

We certify the information contained in this report is, to the best of our knowledge, correct and reflective of the agency's accounting records.

Signature of Executive Director Date

Signature of Fiscal Officer Date

Agency Name: _____

MIH 2000 _____
(Enter last three digits of grant #)