



Shelby County Local Drug-Free Communities Fund 2018 Quarterly Fiscal & Service Report Form

Instructions

1. Quarterly Fiscal & Service Report Forms are due by mail or FAX by the following due dates:
1st Quarter Report due April 11, 2018 3rd Quarter Report due October 10, 2018
2nd Quarter Report due July 11, 2018 4th Quarter Report due January 10, 2019
 2. Reports must include a photocopy of receipts for expenses incurred during the reporting period.
 3. Complete a separate report for each project if you have more than one (1) project in the same calendar year funded by SCDFC.
 4. Complete the first page and write "No Activity" over the narrative portion if
 - a) there has been no new activity since the last reporting period, **OR**
 - b) you received funding for a single event or project which has not yet occurred
 5. Photocopies of the report form are acceptable and available from the SCDFC
 5. Electronic copies are available online at: <http://www.shelbycountydrugfree.com>
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General Information

Name(s):

Date(s):

Event(s):

Quarterly Report for the Months of...

☐ January-March ☐ April-June ☐ July-September ☐ October-December

Project Title:

Agency:

Project Director:

Address:

Telephone:

E-mail:

Check All That Apply:

- | | |
|---|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Justice/Law Enforcement |
| <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> Prevention/Education |
| <input type="checkbox"/> Youth Outreach | <input type="checkbox"/> Intervention/Treatment |

☐ Adult Outreach

☐ One-Time Event

☐ Mental Health

Narrative Service Report

1. Describe how your equipment/program made a difference in Shelby County during the reporting period.

2. Describe achievements of the equipment/program – curriculum used, equipment purchased, people involved, and other pertinent data – during the reporting period.

3. List and Describe your agency/program participation in SCDFC activities, meetings, and/or projects during the reporting period.

4. Additional comments?

Fiscal Report

Total SCDFC Grant Award:

Total Quarterly Expenses:

Total Year-To-Date Expenses:

BALANCE, END OF QUARTER:

Project Director Signature

(Your typed name serves as your signature)

Date

PLEASE DO NOT FAX REPORTS

Email Completed Reports to:

**Lori Springer
scdfc.lkspringer@gmail.com**

or

Mail Completed Reports to:

**Shelby County Drug Free Coalition
54 W Broadway Street, Suite 2
Shelbyville, Indiana 46176**