

INSTRUCTIONS: Two copies of the Quarterly Fiscal Report are to be filed with this office by the last day of October, January, April, and July of each fiscal year. Send reports to: **Kraig Knudsen**, Chief, Office of Research and Evaluation, Ohio Department of Mental Health, 8th Floor, 30 East Broad Street, Columbus, Ohio 43266-0414.

Fiscal Year		Date Submitted	
<input type="checkbox"/> Quarter 1: July - September <input type="checkbox"/> Quarter 3: January - March		<input type="checkbox"/> Quarter 2: October - December <input type="checkbox"/> Quarter 4: April - June	
Grant Number		Federal Tax ID Number	
Project Title (as it appears on the Research Grant Agreement Form)			
Grantee Agency (as it appears on the Research Grant Agreement Form)			
Principal Investigators			
Name			
Name			
Name			
Grants Management Officer			
Name			
Mailing Address			
City, State, Zip			
Phone Number		E-Mail Address	
<i>See instructions on reverse for completion of the following section:</i>			
CLASSIFICATION OF EXPENDITURES	CURRENT QUARTER	TOTAL PROJECT TO DATE	
Personnel			
Consultant Costs			
Participant Costs			
Equipment			
Supplies			
Travel			
Other (itemize on reverse)			
TOTAL DIRECT COSTS			
TOTAL INDIRECT COSTS			
TOTAL DIRECT AND INDIRECT COSTS			

-over-

