

**Choose Life Fund Expenditure Form (SFY18)**  
**Report Period: June 1, 2016 through May 31, 2017**  
**Due June 1, 2017**

<b>Agency Name</b>						
<b>Tax ID #</b>						
<b>Contact Name</b>						
<b>Contact Phone #</b>						
		<b>Total Expenditures</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>
<b>Quarters</b>		<b>6/1/16 Thru 5/31/17</b>	<b>6/1/16 Thru 8/30/16</b>	<b>9/1/16 thru 11/30/16</b>	<b>12/31/17 thru 2/28/17</b>	<b>3/1/17 Thru 5/31/17</b>
<b>Carrvoer SFY 16 Amount</b>						
<b>Award Amount</b>						
<b>Material Needs of Pregnant Women at 60%</b>	<b>\$</b>	-				
<i>Clothing Costs</i>		\$0.00				
<i>Housing Costs</i>		\$0.00	\$0.00			
<i>Medical Care Costs</i>		\$0.00				
<i>Food Costs</i>		\$0.00				
<i>Utilities Costs</i>		\$0.00				
<i>Transportation Costs</i>		\$0.00				
<i>Other Costs (Explain)</i>		\$0.00				
<b>Total Material Costs</b>		<b>\$0.00</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>+/- Award Amount</b>	<b>\$</b>	-				
<b>Direct Costs at 40%</b>	<b>\$</b>	-				
<i>Counseling Costs</i>		\$0.00				
<i>Training Costs</i>		\$0.00				
<i>Advertising Costs</i>		\$0.00				
<b>Total Direct Costs</b>		<b>\$0.00</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>+/- Award Amount</b>	<b>\$</b>	-				
<b>Total Award Minus Materials and Direct Costs</b>		<b>\$</b>	-			
<b>Award Amount @ 10% (if less than 10% of total award. The amount must be carried forward until depleted.)</b>	<b>\$</b>	-	\$	-		
<b>Refund Due ODH (June 1, 2017)</b>	<b>\$</b>	-				