

Choose Life Fund Expenditure Form
 SFY 16 July 1, 2015 through June 30, 2016
 Due June 1, 2016

Agency Name					
Tax ID #					
Contact Name					
Contact Phone #					
Quarters	Total Expenditures 7/1/15 Thru 6/30/16	1st Quarter 7/1/15 Thru 9/30/15	2nd Quarter 10/1/15 Thru 12/31/15	3rd Quarter 1/1/16 Thru 3/31/16	4th Quarter 4/1/16 Thru 6/30/16
Carryover SFY 14 Amount					
Award Amount					
Material Needs of Pregnant Women at 60%	\$ -				
Clothing Costs	\$0.00				
Housing Costs	\$0.00	\$0.00			
Medical Care Costs	\$0.00				
Food Costs	\$0.00				
Utilities Costs	\$0.00				
Transportation Costs	\$0.00				
Other Costs (Explain)	\$0.00				
Total Material Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ -				
Direct Costs at 40%	\$ -				
Counseling Costs	\$0.00				
Training Costs	\$0.00				
Advertising Costs	\$0.00				
Total Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ -				
Total Award Minus Materials and Direct Costs	\$ -				

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Award Amount @ 10% (if less than 10% of total award. The amount must be carried forwarded until depleted.)	\$ -	\$ -				
Refund Due ODH (June 1, 2016)	\$	\$	-			