

**Choose Life Fund Expenditure Form**  
**SFY 15 July 1, 2014 through June 30, 2015**  
**Due June 1, 2015**

<b>Agency Name</b>						
<b>Tax ID #</b>						
<b>Contact Name</b>						
<b>Contact Phone #</b>						
		Total Expenditures	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
<b>Quarters</b>		<b>7/1/14 Thru 6/30/15</b>	<b>7/1/14 Thru 9/30/14</b>	<b>10/1/14 thru 12/31/14</b>	<b>1/1/15 thru 3/31/15</b>	<b>4/1/15 Thru 6/30/15</b>
<b>Carrvoer SFY 14 Amount</b>						
<b>Award Amount</b>						
<b>Material Needs of Pregnant Women at 60%</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>Direct Costs at 40%</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>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 forwarded until depleted.)</b>	\$ -	\$ -				
<b>Refund Due ODH (June 1, 2015)</b>	<b>\$ -</b>					

## Choose Life Fund Expenditure Form

### (Instructions)

Note: According to the Compliance agreement for this award, 60 percent of the total award is assigned to Material Need Costs for pregnant women who are planning to place their children for adoption or for infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation; 40 percent of the award is assigned to Direct Costs to expenditures in counseling, training, and advertising. Section 3701.65 of the Ohio Revised Code and rule 3701.74 -01 of the Ohio Administrative Code prohibit the use of these funds for the purpose of administration, legal, or capital expenditure.

1. Complete the following information in the following order: Agency Name, Tax ID number, Contact Name, and Contact Phone number.
2. In the "Award Amount," enter the award amount in cell "B9." This is the SFY 15 award for the designated agency for the Choose Life Fund.
3. In the "Material Needs of Pregnant Women..." enter the total expenditures for the three months included in each quarter for the following categories: Clothing, Housing, Medical Care, Food, Utilities, and Transportation.
4. In the "Direct Costs..." enter the total expenditures for the three months included in each quarter for the following categories: Counseling, Training, and Advertising.
5. Column C represents "Total Expenditure" for all four quarters of SFY 15 (7/1/14 thru 6/30/15). Column C contains formulas which will total the four quarters for each category.
6. Funds unused funds which exceed ten percent of the money received during the previous years must be return to the Department of Health by June 1, 2015. If the amount is last than ten percent of the total award, the amount must be carried forward until depleted.