## ANNUAL FINANCIAL REPORT REPORTING PERIOD

	Name of A	gency:					
	Program T	'itla:					
Program Title:							
Contact Name:				Title:			
Address:							
				City, State, Zip:			
			ā		n _		
	Phone:		E-mail:		Fax:		
	Fiscal Voc	r Paginning.		Figgal Voor Endings			
	riscai rea	r Beginning:		Fiscal Year Ending:			
	Fiscal Yea	r of Agency:			1		
	110001100	<u> </u>			<u> </u>		
PART I: REVENUES				ACTUAL			
			APPROVED	RECEIPTS		REMAINING	
			BUDGET	THIS YEAR		BALANCE	
	Gr	ant Funds	\$ -	-	1	\$ -	
	O,	ant i anas	Ψ	Ψ	Ш	Ψ	
	Bar	nk Interest earned in pa	1	\$ -			
	Bank Interest earned in past fiscal year \$ - \$						
	PART II:	EXPENDITURES					
	Check	1				REMAINING	
	Number	Date	Payee	Purpose	Amount	BALANCE	
1					\$ -	\$ -	
2					\$ -	\$ -	
3					\$ -	\$ -	

4					\$ -	\$	-
5					\$ -	\$	-
6					\$ -	\$	-
7					\$ -	\$	-
8					\$ -	\$	-
9					\$ -	\$	-
10					\$ -	\$	-
11					\$ -	\$	-
12					\$ -	\$	-
13					\$ -	\$	-
14					\$ -	\$	-
15					\$ -	\$	-
16					\$ -	\$	-
17					\$ -	\$	-
18					\$ -	\$	-
19					\$ -	\$	-
20					\$ -	\$	-
21					\$ -	\$	-
22					\$ -	\$	-
23					\$ -	\$	-
24					\$ -	\$	-
25					\$ -	\$	-
N	lotes:						
1	. Please a	attach a copy of your Se	ptember 30th bank	TOTALS	\$ -	\$	-
	statement and a copy of the corresponding bank account					5	
reconciliation.				Bank Charges Paid For Fiscal Year	\$ -		
				Account Balance For End of Year \$ -			-
2. On a separate page, please report the amount and							
description of any outstanding grant funds obligations.							
					For CO I IIo Co	ly Do not occur	loto
	ev. 11-18-02 sjn					lly. Do not compl	ете
*	Prepared By	:		* Approved By:	Approved By:		

	Agency:		Agency:	City of Jacksonville:
	Name:		Name:	Name:
	Title:		Title:	Title:
	Date:		Date:	Date:
	Signature:		Signature:	Signature:
* I o	ertify that the above information is true ar	nd complete and that funds rece	eived were disbursed in accordance with Chapter	118 of the City of Jacksonville Municipal Code.