



Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
Emergency Medical Services Section

EMS SECTION, GRANTS, EXPENDITURE REPORT

Instructions: Use your tab key to go from field to field. For your totals, place your cursor over a total field, right click your mouse, then on the resulting menu that will appear left click your mouse on "Update Field" and the total will be calculated for you. For the balance, place your cursor over that field, and right click, then left click on "Update Field." Alternatively, you may create and use your own form with the same basic content.

Organization Name:	Grant ID Code:
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Time Period Covered by Report: Start of Grant Date: to

Report is (check one): 1st 2nd Other Final

Data on 1st, 2nd and "Other" reports should cover the start of the grant to the latest available figures/estimates for this report. Describe these; however, the **Final Report must be accurate.**

Provide with this report a narrative including if the project is behind, on, or ahead of schedule, accomplishments to date, and if there may be barriers to complete the project on schedule.

Amount of Earned Interest on State Funds: as of: Date:

MAJOR LINE ITEMS IN CURRENT APPROVED BUDGET	\$ BUDGETED	\$ EXPENDED
TOTALS =	\$ 0.00	\$ 0.00
BALANCE (BUDGETED – EXPENDED) =	\$ 0.00	

I certify the above information is true and correct to the best of my knowledge and information provided to me, and that expenditures were made only for items allowed by this grant.

Grantee Authorized Signature

MMM DD YYYY

Print or type the above signature name