

**SPF/SIG
FINANCIAL STATUS REPORT
PREVENTION SERVICES**

PROGRAM			CODE	REPORT PERIOD THROUGH	DATE PREPARED
Local Agency: PATHWAYS/NORTHCARE NETWORK				AGREEMENT PERIOD	
200 W. SPRING STREET, MARQUETTE, MICHIGAN 49855			PAYEE	IDENTIFICATION NO.	
	CATEGORY		EXPENDITURES		AGREEMENT
		CURRENT PERIOD		AGREEMENT YTD	BUDGET
					BALANCE
1	SALARIES & WAGES				
2	FRINGE BENEFITS				
3	TRAVEL				
4	SUPPLIES & MATERIALS				
5	CONTRACTUAL (SUB-CONTRACTS)				
6	EQUIPMENT				
7	OTHER EXPENSES				
8	TOTAL DIRECT				
9	INDIRECT COST %				
10	OTHER COST DISTRIBUTIONS				
11	TOTAL EXPENDITURES				
	SOURCE OF FUNDS				
12	STATE AGREEMENT COMMUNITY GRANT				
13	LOCAL				
13a	LOCAL COUNTY LIQUOR TAX				
14	FEDERAL - OFC OF JUVENILE JUSTICE PREVENTION				
15	OTHER				
16	FEES & COLLECTIONS				
17	TOTAL FUNDING				

Authority: P.A. 368 of 1978

<p>CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is a true and correct statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.</p> <p>NAME: _____ Title _____ Date: _____</p> <p>CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is a true and correct statement of Authority: P.A. 368 of 1978</p>
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