



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 CONTRACT CONSOLIDATION PROGRAM

Funding and Expenditure Data

Tribe / Indian Nation reporting: _____

Funding for State Fiscal Year: 20 _____

REPORTING QUARTERS <input type="checkbox"/> July - September <input type="checkbox"/> January - March <input type="checkbox"/> October - December <input type="checkbox"/> April - June	
PROGRAM Community Juvenile Accountability Act (CJAA)	SELECT THE APPROPRIATE BOX <input type="checkbox"/> Original Report <input type="checkbox"/> Revised Report <input type="checkbox"/> Supplemental Report
Maximum Consideration for this State Fiscal Year	\$ _____
Funds Expended for 1 st Quarter (July 1 - September 30)	\$ _____
Funds Expended for 2 nd Quarter (October 1 - December 31)	\$ _____
Funds Expended for 3 rd Quarter (January 1 - March 31)	\$ _____
Funds Expended for 4 th Quarter (April 1 - June 30)	\$ _____
Funds Expended to Date	\$ 0.00
Total Unspent Funds	\$ 0.00
This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief.	
TRIBAL OFFICIAL'S SIGNATURE	TYPED NAME AND TITLE
DATE	PHONE NUMBER (INCLUDE AREA CODE)