



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 CONTRACT CONSOLIDATION PROGRAM

Funding and Expenditure Data

Tribe / Indian Nation reporting: _____

Program:		Community Juvenile Accountability Act (CJAA)	
State Funding Provided for this State Fiscal Year		\$	
State Funds Expended for Quarter		\$	
State Funds Expended to Date for SFY 20 _____:		\$	
Total Unspent Funds for SFY 20 _____:		\$	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)	

Program:		Juvenile Accountability Block Grant (JABG)	
State Funding Provided for this State Fiscal Year		\$	
State Funds Expended for Quarter		\$	
State Funds Expended to Date for SFY 20 _____:		\$	
Total Unspent Funds for SFY 20 _____:		\$	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)	