

**QUARTERLY STATUS/EXPENSE REPORT**  
**QUARTER**

*IN ORDER FOR QUARTERLY FUNDING PAYMENTS TO BE MADE, A STATUS/EXPENSE REPORT FOR THE PRECEDING PAYMENT PERIOD IS REQUIRED IN THE 708 BOARD OFFICE WITHIN 10 BUSINESS DAYS FOLLOWING THE END OF EACH QUARTER.*

Name of Funded Agency: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Contact Person Phone Number / Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ For Fiscal Year: \_\_\_\_\_

**MAILING ADDRESS: Jackson County 708 Board attn. Jennifer, 1001 Walnut Street, Murphysboro IL 62966; Email: [jhuson@jacksoncounty-il.gov](mailto:jhuson@jacksoncounty-il.gov)**

**If hand-delivering your status report, the office is located in the Jackson County Board Office on the main floor of the Courthouse. The Security Desk will be happy to direct you.**

**I.** Describe any pertinent information regarding your agency you believe would be of interest to the 708 Board, such as development of new program initiatives. *Attach a separate narrative if you require more space.*

**II.** Indicate below the number of Jackson County residents served by your agency during this quarter. Please distinguish between funding sources.

	<b>Residents of Jackson County</b>	
	Number of Unique Individuals Served this Quarter	
	<u>708 Board Funding</u>	<u>Other Funding Sources</u>
Mental Illness/Mental Health		
Intellectual/Developmental Disabilities		
Substance Abuse		
Other		
<b>TOTALS:</b>		

**III.** Have you referred clients to the other 708 Board funded agencies during this particular quarter?  
YES        NO        If yes, please indicate which agencies and the approximate number of clients.

**IV.** Are you, as an agency, aware of unmet needs in our community in the areas of Mental Illness/Mental Health, Intellectual/Developmental Disabilities, and/or Substance Abuse? YES  NO  If yes, please describe.

**V.** Were you contacted this quarter by your assigned 708 Board Member? YES  NO  If yes, briefly describe your visit.

**VI.** Were you in attendance at any 708 Mental Health Board meetings this quarter? YES  NO

**VII.** Describe how 708 funds were spent for this quarter. Please provide **itemized expenses and amounts**. *Attach a separate narrative if you require more space.*

Itemized Actual Expenses per Contract Amount**	Amount
Total for Quarter:	

#### **Agency Expense Certification**

I hereby certify that the agency expenses listed above meet the current fiscal year 708 Board contract and are proper charges against the Jackson County 708 Board.

By: \_\_\_\_\_

Date: \_\_\_\_\_

#### **708 Board Approval**

It is hereby certified that the agency expenses represented in this voucher are authorized and approved.

By: \_\_\_\_\_

Date: \_\_\_\_\_