

**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><b>708 Board Funding</b></u>	<u><b>Other Funding Sources</b></u>
Mental Illness/Mental Health		
Intellectual/Developmental Disabilities		
Substance Abuse		
Other		
<b><u>TOTALS:</u></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.

