

Geauga County
Year End Grant Report
Year Ended 2026

Department: _____ Completed By: _____

Fund: _____ Phone Extension: _____

Grant Title: _____ Federal or State
Award Amount: _____

CFDA No. : _____ Grant Type: ☐ State ☐ Federal ☐ Reimbursable ☐ Non-Reimbursable
Please do not include local match

Grant Period: _____ Grant Number: _____

****Please attach a copy of the Grant Award Agreement****

2026 Receipts: Revenue Collection

Date	Rec't Number	Amount

Totals _____

2026 Disbursed: Warrant/Transfer

Date	Number	Amount

Totals _____

Amount expended in prior fiscal period(s): _____

Total expended as of December 31, 2026 (cannot exceed Award Amount): _____

Amount remaining on grant as of December 31, 2026: _____

Amount submitted for Reimbursement, but not received as of December 31, 2026: _____

Amount received in January, 2027: _____

Return completed form(s) to the Auditor's Office by:
February 12, 2027

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