Geauga County
Year End Grant Report
Year Ended 2026

Department: _____ Completed By: _____

Fund: _____ Phone Extension: _____

Grant Title: _____ Federal or State Award Amount: _____
Please do not include local match

CFDA No. : _____ Grant Type: ◯ State ◯ Federal ◯ Reimbursable ◯ Non-Reimbursable

Grant Period: _____ Grant Number: _____

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

2026 Receipts: Revenue Collection			2026 Disbursed: Warrant/Transfer		
Date	Rec't Number	Amount	Date	Number	Amount
Totals			Totals		

Amount expensed in prior fiscal period(s): _____

Total expensed 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 10, 2027

Reset Form Print Form