TRAINING FACILITY GRANT
QUARTERLY FINANCIAL STATUS REPORT

Fire Department/Association: _____

FD Contact Name & Email:_____

Check the box for the quarter you are reporting:

☐**Q1 (July – September)** ☐**Q2 (October- December)**

☐**Q3 (January - March)** ☐**Q4 (April- June)**

Is this also your final report (project complete and all funds spent)? ☐**Yes** ☐**No**

List the vendor and total amount for EACH expense or purchase. For each line item, submit a copy of the paid invoice/receipt along with proof of payment (copy of front & back of cleared check or copy of bank/credit card statement)

Monies Paid To:	Amount Paid:
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
10.	$
Total spent this quarter:	**$**

I certify that to the best of my knowledge and belief that this report is correct and complete and that all outlays and un-liquidated obligations are for the purposes set forth in the award document.

_____ _____

Signature of Authorized Certifying Official **Printed Name and Title of Certifying Official**

Date: _____

Email this form, copies of invoices/receipts and proof of payment along with the Quarterly Progress Report to FireGrants@kctcs.edu. Please submit all documents in .pdf format as a single file. Forms and documents can also be sent by mail to KY Fire Commission, Attn: Training Facility Grant, 110 Cleveland Dr, Paris, KY 40361