



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