



**KENTUCKY FIRE COMMISSION
STATE FIRE RESCUE TRAINING**

**TRAINING FACILITY GRANT
QUARTERLY FINANCIAL STATUS REPORT**

Recipient: _____

Address: _____

City: _____ State: _____ Zip: _____

Quarter of: _____ Through: _____

Quarterly Report: _____ Final Report: _____

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