

**Commonwealth of Pennsylvania
Office of the State Fire Commissioner (OSFC)
COVID-19 Crisis Fire, Rescue and EMS Grant (CFRE)**

Final Report Form

Name & Address of Subrecipient's (Volunteer Organization): <i>As listed on your grant agreement</i>	County:	
	Federal Tax Identification Number:	
	Grant Amount: \$	Amount Expended: \$
Type of Organization: <input type="checkbox"/> Fire Company <input type="checkbox"/> EMS Company <input type="checkbox"/> Rescue Company	Type of Project (Select All that Apply): <input type="checkbox"/> Utilities <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Lost Revenues due to Restrictions (Non-Profit Volunteer Companies Only) <input type="checkbox"/> Salaries and Overtime (Career Companies Only) <input type="checkbox"/> Insurance <input type="checkbox"/> Apparatus Repairs/Fuel <input type="checkbox"/> Expenses for cleaning/sanitizing/disinfecting	
Name of Person Completing Final Report:	E-mail address and Phone Number of Person Completing Final Report: Phone: _____ Email: _____	
CONTRACT NUMBER: _____ <i>(located in the top right corner of your grant agreement)</i>	Name and Title of Signatories: Signatory 1 _____ Signatory 2 _____	

To comply with U.S. Treasury guidelines, the Subrecipient shall file a Final Report with OSFC **no later than July 31, 2021**. The Final Report shall account for expenditures using Program funds through the submission of proof of expenditures related to the purchase of Service(s). **The Subrecipient shall encumber or use all Program funding provided by OSFC by June 30, 2021 and shall use said funds solely for necessary expenditures incurred due to the COVID-19 public health emergency during the covered period from March 6, 2020 to June 30, 2021. Failure to file a complete Final Report on or before July 31, 2021 is grounds for OSFC to seek the return of all Program funds awarded.** Any Program funds not expended by the Subrecipient shall be returned to OSFC prior to, or with the filing of, the Final Report. **Payment shall be in the form of a check made payable to the Commonwealth of Pennsylvania.**

Summary of Expenditures and Payments Made (attach additional sheets if necessary)

Payee	Invoice #	Invoice Date	Invoice Amount	Check Number	Check Date	Check Amount

Required Documentation: Proof of expenditures may include, but is not limited to, purchase receipts, itemized invoices, purchase orders, utility bills, general ledgers and subsidiary ledgers used to account for the receipt and disbursement of Program funds, 2019-2020 budget records, payroll and time records (if applicable), contracts and subcontracts entered into using Program funds, or other such sources of information that may be required by OSFC or the federal government as proof of expenditures. Documentation must be consistent with project expenditures. Proof of revenue from 2017, 2018 and 2019 must be provided to establish an average amount lost in 2020.

Email completed Final Report form and required attachments
to: RA-EMCOVIDGRANT@pa.gov

Total Grant Funds Received	\$
Total Grant Funds Expended	\$
Total Grant Funds Returned:	\$

Signature of Applicant's Agent: _____