

**Commonwealth of Pennsylvania
Office of the State Fire Commissioner (OSFC)
Fire Company Emergency Medical Service Grant Program**

Final Report – FY 2020-21 Extension 11/1/21

Name and Address of Grantee (Volunteer Organization):	County:	
	Federal Tax Identification Number:	
	Grant Amount: \$	Amount Expended: \$
Type of Organization: <input type="checkbox"/> Volunteer Fire Company <input type="checkbox"/> Volunteer Ambulance Service	Type of Project: <input type="checkbox"/> Construction and/or Renovation <input type="checkbox"/> Debt Reduction <input type="checkbox"/> Purchase of Equipment <input type="checkbox"/> Training and Certification	
Name of Person Completing Final Report:	E-mail address and Phone Number of Person Completing Final Report: Phone: _____ Email: _____	
List the names of all companies who participated in your Joint Project IF APPLICABLE: Company Name: _____ Company Name: _____ Company Name: _____ <p style="text-align: center;">(Attach additional sheets if necessary)</p>	Fire Station Phone Number: _____ or EMS Company Phone Number: _____	

In accordance with §114.6 (c) of the Fire Company Emergency Medical Service Grant Program Statement of Policy, grantees must submit a Final Report to OSFC at the completion of the project, but no later than **November 1, 2021**. **Projects must be paid for between March 6, 2020 and November 1, 2021 to comply with the requirements of the 2020-21 grant.** Failure to file a Final Report will be grounds for OSFC to seek the return of all grant funds awarded. **Grant funds not expended must also be returned to OSFC prior to or with the filing of the Final Report.** – Checks to be payable to: **Commonwealth of Pennsylvania** and mailed to the Office of the State Fire Commissioner.

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 IF: YOUR COMPANY IS SELECTED FOR REVIEW or HAS UNEXPENDED GRANT FUNDS TO RETURN:

Expenditures for construction and/or renovation or purchase and/or repair of fixtures and furnishings or purchase of firefighting, ambulance or rescue equipment or repair thereof or training and certification activities **must include invoices and copies of cancelled checks or current invoice(s) zero'd out by the vendor.** Documentation must be consistent with project expenditures.

Expenditures for debt reduction must include evidence from the lender such as a copy of the cancelled check or letter from the bank showing that funds were applied to such debt reduction consistent with the terms of the grant agreement.

Email your Final Report form and required documents to:
ra-vfcvasgp@pa.gov

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

Signature of Applicant's Agent: _____