

OKLAHOMA DISCIPLES FOUNDATION GRANT -- 2020 FINANCIAL REPORT FORM

Due annually within 60 days following event or by December 15 of the grant anniversary date

Report Date: _____
Grant Period: _____ (*use annual anniversary date from award agreement)
ODF Grant #: Disregard for 2020 (7-10 digit number on check memo, begins with award year.)
Grant Program/Event Title: _____
Principal Contact Name: _____
Principal Contact Phone: _____ Email: _____
Church Institutional Name: _____
& Mailing Address: _____
City, State, Zip: _____ Zip Code _____
Grant Reporting Frequency: _____ (options: mid-term or final)

Please send any photos, videos or testimonials about your program/event. You have permission to share any submitted images and testimonials to publicize the ODF Grants Program.

REPORT OF REVENUES AND EXPENDITURES

REVENUE

ODF GRANT FUNDS AWARDED IN 2020:	\$			
TOTAL OF PREVIOUS ODF GRANT FUNDS BY YEAR:	\$	2019	2018	2017
CUMULATIVE ODF GRANT FUNDING:	\$		(\$ years 2017-2020)	

2020 EXPENDITURES (Based on application budget.)

Application Budget Line Item Categories (Direct Costs A, B and C may exceed Original Grant Funding)

2020 ODF GRANT AWARD: \$
DIRECT EXPENSES OF GRANT MONEY (TOTAL A, B, C): \$

WE REPORT A 'CARRY-OVER' FUND BALANCE IN THE AMOUNT OF: \$ (Fill in by hand. Form field not working.)

Direct Costs A

AIRFARE/BAGGAGE:
APPLIANCE COST:
CHILD CARE:
CLOTHING:
CURRICULUM:
EQUIPMENT:

TOTAL A:

Direct Costs B

EVENT FEES:
FOOD SUPPLIES:
HONORARIUMS:
LABOR:
MARKETING:
PARTICIPANT MEALS:

TOTAL B:

Direct Costs C

SCHOLARSHIPS:
SPEAKER FEES:
SUPPLIES:
T-SHIRT ORDER:
TRANSPORTATION:
OTHER:

TOTAL C:

Note:

If carryover funds will not be allocated from the approved application budget by February 28 of the year following the award, the remaining balance must be returned to the Foundation on or before February 28. Please document details on next page, Item 3.

Balance to be used by February 28, 2021 deadline? (Yes/No) (Fill in by hand.)
If no above, amount to be returned to ODF by February 28, 2021. (Fill in by hand.)

I CERTIFY THAT ALL EXPENDITURES REPORTED OR PAYMENTS REQUESTED ARE FOR APPROPRIATE PURPOSES AND ARE IN ACCORDANCE WITH THE ORIGINAL APPLICATION AND INTENT OF THE PROGRAM/MISSION.

Typed Name:

Signature Certification:

Title:

Date:

Phone Number:

Grant Account Number:
Church Name:
Grant Program/Event Name:
Principal Contact Name:
Report Date:

1) Brief Description of Project/Event as Outlined in Original Application (when and where it happened):

2) Challenges Experienced due to COVID:

3) Describe Goals Met or Reasoning Why Not Met:

4) Brief Explanation of Impact:

5) List any Changes from Original Application and Why. Include Reasons for any Carry-Over Funds: