

# OKLAHOMA DISCIPLES FOUNDATION GRANT -- 2022 FINANCIAL REPORT FORM

\*Due annually within 60 days following event, expenditure of funds or by December 15 of the grant period\*

Report Date: \_\_\_\_\_  
Grant Period: \_\_\_\_\_ (\*use annual anniversary date from award agreement)  
ODF Grant #: \_\_\_\_\_ (8-digit number on check memo & award letter, 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 2022: \$

### 2022 EXPENDITURES (Based on application budget.)

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

2022 ODF GRANT AWARD: \$  
DIRECT EXPENSES OF GRANT MONEY (TOTAL A, B, C): \$

WE REPORT A 'CARRY-OVER' FUND BALANCE IN THE AMOUNT OF: \$

#### 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 expected to be spent by February 28, 2023? (Yes/No)

*If no above, amount to be returned to ODF by February 28, 2023.*

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:

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: