

OKLAHOMA DISCIPLES FOUNDATION GRANT -- 2024 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)

Grant Program/Event Title: _____

Principal Contact Name: _____

Principal Contact Phone: _____ Email: _____

Church Institutional Name: _____

& Mailing Address: _____

City, State, Zip: _____

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 2024: \$ _____

2024 EXPENDITURES (Based on application budget.)

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

2024 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, 2025? (Yes/No)

If no above, amount to be returned to ODF by February 28, 2025.

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:

Church Name:
Grant Program/Event:
Name/Principal Contact:
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: