

**Commonwealth of Pennsylvania
Office of the State Fire Commissioner (OSFC)**

**Emergency Medical Services (EMS) COVID-19 Recovery Grant Program
Period of Performance: March 6, 2020 to June 30, 2023**

FINAL REPORT FORM

Name of Subrecipient: <i>(As listed on your grant)</i>		County:	
Address of Subrecipient:		Federal Tax Identification Number:	
UEI Number:	Project Name:	Grant Amount:	Amount Expended:
Project Expenditure Category (select all that apply): <input type="checkbox"/> (1) Construction and renovation of the EMS company's facilities and purchase or repair of fixtures, furnishings, office equipment and support services necessary to maintain or improve the capability of the services to provide ambulance, emergency medical, basic life support and advanced life support services. <input type="checkbox"/> (2) Repair of ambulance equipment or purchase thereof. <input type="checkbox"/> (3) Debt reduction associated with (1) or (2). <input type="checkbox"/> (4) Training and certification of members. <input type="checkbox"/> (5) Education of the general public regarding community risk reduction programs. <input type="checkbox"/> (6) Recruitment and retention programs, including, but not limited to, programs for minors. <input type="checkbox"/> (7) Revenue loss for grants issued in 2021 and 2022.		Description of Project (must describe the Project in sufficient detail to provide understanding of the major activities that will occur; required to be between 50 and 250 words; attach additional sheets if necessary): 	
		Project Status information (select one of the four categories below): <input type="checkbox"/> Not started <input type="checkbox"/> Completed less than 50 percent <input type="checkbox"/> Completed 50 percent or more <input type="checkbox"/> Completed	
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 _____	

(SEE NEXT PAGE)

To comply with U.S. Treasury guidelines, the Subrecipient shall file a Final Report with OSFC **no later than July 31, 2023 or the expiration of the Agreement (if extended upon written notice by OSFC), whichever is later.** The Final Report shall account for expenditures using Program funds through the submission of proof of expenditures related to the Project(s). Proof of expenditures may include, but is not limited to, purchase receipts, itemized invoices, purchase orders, utility bills, **image copies of cancelled checks**, general ledgers and subsidiary ledgers used to account for the receipt and disbursement of Program funds, 2021-2022 budget records, 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. **Failure to timely file a complete Final Report 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, **image copies of cancelled checks**, general ledgers and subsidiary ledgers used to account for the receipt and disbursement of Program funds, 2021-2022 budget records, 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.

A completed Final Report form and required supporting documents MUST be uploaded via PA Portal.

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

Signature of Applicant’s Agent: _____ **Date:** _____

This completed Final Report form and required supporting documents MUST be uploaded via PA Portal.