Episcopal Diocese of Montana

Statement of Grant Accounting

Payee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Grant Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Due on: June 1 and December 1***

Total Grant Received: (use this line when you receive new grant funds)

(1) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance remaining from previous period (if any) (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(use line 2 if you have already submitted a report and do not have a new grant – list the ending balance from last report)

Current Grant to account for (1)-(2) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenditures:

Please attach details and receipts

(Copies of contracts, invoices and/or W2’s) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance to be accounted for (if any) (3)-(4) (5) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have paid individuals or companies that are not corporations (including Limited Liability Corporations), please attach copies of W9 forms, proof of worker’s compensation coverage, 1099 and 1096 forms).

***Please attach a brief story regarding any challenges or celebrations of receiving this grant and the impact this funded project is making on your community/church/the diocese.***

Certification: To the Episcopal Diocese of Montana: We certify that the grant as described above has been expended for the above purpose. ***Any unused funds shall be returned to the Episcopal Diocese of Montana within 30 days of report date.***

Date Signature

Title Print Name

Please return this form with documentation to:

Barb Hagen, Canon for Finance & Administration

Episcopal Diocese of Montana

PO Box 2020

Helena MT 59624

Revised: March 2021