



Community Impact Grant Quarterly Financial Report

Due: October 31, 2024 - for grant funds expended July 1 – September 30, 2024

Due: January 31, 2025 - for grant funds expended October 1 – December 31, 2024

Due: April 30, 2025 – for grant funds expended January 1- March 31, 2024

Organization: _____

Contact: _____

Phone: _____ **Email:** _____

Report Notes:

- Agencies receiving FY25 CIG funds must complete and submit this form even if no FY25 CIG funds were spent prior to the quarterly end date outlined above.
- If your program/event ended prior to the current quarter’s reporting date, you must submit a Community Impact Grant Final Report in lieu of the Quarterly Report.

CHECK ONE:

- ____ 1st Quarter (July, August, September)
 ____ 2nd Quarter (October, November, December)
 ____ 3rd Quarter (January, February, March)

FY25 COMMUNITY IMPACT GRANT QUARTERLY FINANCIAL ACTIVITY

\$_____ Amount of FY25 CIG Grant funds spent in the most recent quarter. **This number must equal the total of amount of expenses listed on your itemized list of expenditures that is a required attachment to this report.**

\$_____ Amount of FY25 CIG Grant funds requested from Richland County in the most recent quarter. Reminder that all County grant funds must be expended and requested by June 30, 2025.

REQUIRED ATTACHMENTS

___ **Grant Expenses List** - Please attach an **itemized list of grant expenditures** that includes vendor name, amount, expense purpose, and date paid. Grantees must submit an itemized list of all Community Impact Grant expenses from the most recent quarter.

___ **Copies of valid invoices and proof of payment for each item in the itemized Community Impact Grant Expenditure list.** Proof of payment is a copy of a cancelled check, bank statement showing a cleared check or credit card receipt. All grant expenses must tie to expenses outlined in the application budget.

Failure to produce completed, accurate reports may result in withholding of future grant allocations.

ORGANIZATION SIGNATURE:

Provide signature of the Authorizing Official within organization, verifying accuracy of above statements and attachments.

Name Title

Signature Date

For questions, please call Matiah Pough, Grants Manager at 803.576.5459.