

TO: Rural Fire Districts & Departments
 FROM: Mark R. Neely, Fire Management Officer
 SUBJECT: Annual Rural Fire District Summary of Expenditures

Please send us a summary of your district expenditures from 10/01/20 to 09/30/21 on the attached form.

1. Only include expenditures that match the categories indicated.
2. Countywide districts shall compile expenditures for all units in the county and return **ONE** card for the county.
3. Once the form is completed mail or include with VFA grant application:
 Fire Management Officer
 Kansas Forest Service
 2610 Claflin Rd
 Manhattan KS 66547
4. Expenditure Card must be postmarked **NO LATER THAN APRIL 15, 2022.**

I certify that the expenditures listed below were incurred by the fire districts/departments as matching contributions for the Volunteer Assistance Grant and that those expenditures meet the following criteria:

- A. Verifiable in our records,
- B. Not committed as match for any other federally assisted project,
- C. Funds are not received from the Federal Government (including federal funds received from non-federal entities, and
- D. Incurred during the period specified above.

| | | |
|--|----------------------|------|
| Fire Chief Printed Name | Fire Chief Signature | Date |
| RURAL FIRE DISTRICT EXPENDITURES | | |
| October 1, 2020 to September 30, 2021 | | |

Please report all your district or department expenditures for the period above.

| | |
|---|-----------------|
| I. Repair, maintenance, and operating expenditures for all equipment & facilities | \$ _____ |
| II. New equipment, capitol, improvements, tools, and supplies | \$ _____ |
| III. Insurance (Include Liability & Comprehensive) | \$ _____ |
| IV. Rent and Utilities | \$ _____ |
| V. Salaries (Include Contracts) | \$ _____ |
| FDID# _____ | Total: \$ _____ |

Fire District Name _____

As Fire Chief, I certify that the expenditures:

- A. Are necessary and reasonable for the proper and efficient accomplishment of the specified project, and
- B. Are allowable under the applicable cost principles and other terms and conditions of the federal award or program.

| | | |
|-------------------------------|----------------------|------|
| Fire Chief Printed Name | Fire Chief Signature | Date |
| State Fire Management Officer | | Date |

Note: Further documentation may be required prior to award close-out to certify the actual costs incurred.