

**West Virginia Department of Health & Human Resources
Sworn Statement of Grant Receipts and Expenditures**

(Please see the Instructions for Completion of the Sworn Statement of Grant Receipts and Expenditures located in the Grantee Audit Compliance Guide as Attachment D)

Grant Number:	Grantee Name:		
Grantee FEIN:	WVFIMS Vendor #:	Contact Phone Number:	
Grantee Mailing Address:			
Total Grant Amount:		Period Covered:	

Grant Receipts				
Invoice Number	Invoice Period Covered	Invoice Amount	Date Received	Amount Received
Total Grant Receipts				

Grant Expenditures		
Expenditures	Description/Examples	Amount Expended
Personnel	<i>Salaries and Wages</i>	
Fringe Benefits		
Equipment and Other Capital Expenditures		
Materials and Supplies	<i>Office Supplies, Postage, Training</i>	
Professional Service Costs	<i>Contracts, Consultants</i>	
Rental Costs	<i>Office Space, Equipment</i>	
Other	<i>Telephone, Utilities</i>	
Subgrants		
Indirect Cost		
Total Grant Expenditures		

Ending Funds Balance (Receipts – Expenditures)

This is to certify that I have reviewed the Statement of Grant Receipts and Expenditures submitted herewith and, to the best of my knowledge and belief, said statement represents all financial activities related to the receipt, use and expenditure of funds granted by the State of West Virginia, Department of Health and Human Resources to _____ and that the expenditures reported were for the purposes intended and in compliance with the applicable laws, regulations and terms and conditions of the grant documents. The Statement of Grant Receipts and Expenditures is presented on the _____ basis of accounting and is supported by our financial records and related documentation.

Authorized Signature: _____ **Date:** _____

Printed Name and Title: _____

Taken, sworn and subscribed before me this ____ day of _____, 20____.

Notary Public Signature: _____

My Commission Expires: _____