

**MUNICIPALITY OF ANCHORAGE
ANCHORAGE HEALTH DEPARTMENT
ALCOHOL TAX
INVOICE**

Grant Agreement No.
Project Name:

Grantee: _____ **Invoice Date:** _____
Address: _____ **Invoice No.:** _____
 _____ **Term of Grant:** _____

REPORT PERIOD: _____
Reports are due monthly on or before the 15th of the month following report period unless exempt

(Approved Budget minus Previous Accrued Expenditures minus Expenditures this Period equals Balance Available)

Budget Line Item Components Alcohol Tax	Approved Budget	Previous Accrued Expenditures	Expenditures This Period	Available Balance

PAY THIS AMOUNT **\$** _____ **-**

GRANTEE'S CERTIFICATION

I certify that the amounts reported are allowable costs/expenditures under the terms of the grant agreement.

Name & Title of Grantee Official	Signature of Official	Date

Form Prepared By: _____ Date: _____

MOA Use Only below			
Purchase Order #		Contract #	GL Account
Grant #	Fund	Cost Center	Internal Order (I/O)
Description			Budget Year
Alcohol Tax			2022
Program Manager Signature:			Date:
Fiscal Signature:			Date:

Alcohol Tax 2022 Quarterly Progress and Budget Narrative Report

Organization:

Reporting Quarter:

Service Type: Direct Services Workforce Training

For questions about how to complete this report, please contact: Ann Stegina, ann.stegina@anchorageak.gov, 907-343-6720.

1. Describe what steps your organization took to mitigate ACEs , using the Strengthening the Families framework in alignment with the Six Guiding premises and your deliverables time frame.

2. Please describe how the expenses requested align with the grant deliverables for this quarter.

3. Describe any challenges you may be experiencing meeting your deliverables and the steps that have been taken to overcome the challenges.

4. Do you need to request changes to the Project Description and/or Budget and Budget Narrative? If so, please describe your needs. Approval must be received for most changes, prior to moving forward.

5. Has your organization been in the news or social media, or produced any newsletters, reports, or success stories related to the project?

Yes. See the link or attached copy.

No

6. Did you move any funds from one cost category to another in accordance with the grant agreement? If so,

Yes. State which cost categories you moved funds from and which category you moved funds to. Note that if you want to move funds between categories and the amount is 20% or greater, or more than \$50,000 of the category you move funds from, approval is required before moving funds.

No