SD THE CITY OF SAN DIEGO
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### **COUNCIL OFFICE FUNDING PROGRAM: CPPS EXPENDITURE REPORTING FORM**

Organization:	
Project/Program/Service:	
Name:	Title:
Email:	Phone:
Mailing Address:	

### **Request Details**

Total Project/Program/Service Award:	
Total Amount/Payment Documented:	
What number submission is this?	
Multiple ERF submissions are permissible.	

Please note that any undocumented grant funds must be returned to the City in full or otherwise documented retroactively. Failure to comply with this requirement may result in a grantee's inclusion on a Delinquency List, which would preclude the organization from receiving future CPPS or ACCF funding until the matter is resolved.

### Authorization

An authorized signatory is to sign and print name, date, and title.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_\_ T

Date: \_\_\_\_\_

### To be completed by Council Administration ONLY:

Approved: \_\_\_\_\_\_ Date: \_\_\_\_\_

### SD Expense Table

Date of	Vendor or Employee Name	Expense	Payment	Expense Description
Payment	Enter who received payment	Amount	Туре	Please list items or general topics. Refer
Date pmt	(name of business, organization,	Amt org	Enter	to the proof of purchase (invoice/
was made	independent contractor, employee	wants to	check # or	receipt). Should match Use of City
mm/dd/yyyy	name, etc.)	expense	ACH for	Funds section from application.
			card pmts	
Total Expens	es			

# Attach: Home Depot receipt or invoice of the \$10,000 purchase

### Attach: Credit card statement highlighting the \$10,000 Home Depot purchase

# Attach: Walmart receipt or invoice of the \$5,000 purchase

## Attach: Copy of the check written to Walmart for the \$5,000 purchase



### COUNCIL OFFICE FUNDING PROGRAM: CPPS FINAL PERFORMANCE REPORT

\_\_\_\_\_

Organization: \_\_\_\_\_

Project/Program/Service: \_\_\_\_\_

#### <u>Narrative</u>

Referring to Exhibit A of the Funding Agreement, please describe in a detailed and measurable way how well your organization met the project/program/service objectives. If objectives were not met, explain why.

### **Checklist**

Check the boxes below to ensure all expense documentation is complete and ready to submit. Keep a copy of the complete report on file for your organization.

For organizations receiving funding <u>less than \$10,000</u>, check off and ensure the following documents are complete:

Expenditure Reporting Form (ERF) is complete

Eligible Proof of Purchase and Proof of Payment for each line item is included

Final Performance Report is complete

For organizations receiving funding <u>equal to or greater than \$10,000</u>, check off and ensure the following documents are complete and included:

Statement of Activities (Total Revenues and Expenses)

Statement of Financial Position (Total Assets, Liabilities, and Equity)

### <u>Submit</u>

Submit completed form and all attachments as one file via email to CPPS@SanDiego.gov ASAP and no later than July 31, 2024 with the document titled "ERF\_Org Name."

#### **Authorization**

An authorized signatory is to sign and print name, date, and title.

I hereby certify that all terms and conditions as set forth in the Agreement with the City of San Diego have been met. All expenditures have been made within the spirit and letter of City Council Policy, as specified in the Agreement. All required reports and disclosures have been submitted.

Signature:	Date:	
<b>č</b>		

Print Name: \_\_\_\_\_\_ Title: \_\_\_\_\_

For questions, please contact the Council Administration team:

### **Abigail Edwards**

Grants Manager EdwardsA@SanDiego.gov (619) 236-5918

### Malachi Bielecki

Grants Coordinator/Contract Administrator MBielecki@SanDiego.gov (619) 236-7709 Attach: Your organization's Statement of Activities if your CPPS or ACCF award was \$10,000 or more

Statement of Activities			jitasa
Revenues	Unrestricted	Temporarily Restricted	Total
Individual Donations			
Grants			
Investment Income			
Other			
Total Revenues			
Expenses			
Program Services			
General and Administrative			
Fundraising			
Total Expenses			
Change in Net Assets			
Net Assets, Beginning of Year			
Net Assets, End of Period			

Attach: Your organization's Statement of Financial Position if your CPPS or ACCF award was \$10,000 or more

Nonprofit Statement of Fin	ancial Positi	on jitasa
Assets		
Cash and Cash Equivalents		
Contributions Receivable		
Prepaid Expenses		
Property and Equipment		
Total Assets		
Liabilities		
Payables		
Debt		
Other		
Total Liabilities		
Net Assets		
Without Donor Restrictions		
With Donor Restrictions		
Total Net Assets		
Total Liabilities and Net Assets		