

# 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.	
a Delinquency List, which would preclude the organuntil the matter is resolved.  Authorization	his requirement may result in a grantee's inclusion on nization from receiving future CPPS or ACCF funding
An authorized signatory is to sign and print	<u>name, date,</u> and title.
Signature:	Date:
Print Name:	Title:
To be completed by Council Administration	n ONLY:
Approved:	Date:



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

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

Organization:	 	
Project/Program/Service:	 	

# **Narrative**

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)

### **Submit**

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:	
Print Name:	Title:	

For questions, please contact the Council Administration team:

**Abigail Edwards** 

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