



**COUNCIL OFFICE FUNDING PROGRAM: ACCF
REQUEST FOR REIMBURSEMENT PAYMENT FORM**

Organization: _____

Project/Program/Service: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Mailing Address: _____

Type of Funding Program


Arts, Culture And Community Festivals (ACCF)

Request Details

Total Project/Program/Service Award:	
Total Request Amount/Payment Requested:	
What number request is this? <i>Multiple RFRP Form submission is permissible.</i>	

Authorization

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

Signature:  Date: _____

Print Name: _____ Title: _____

To be completed by Council Administration ONLY:

Approved: _____ Date: _____

City of San Diego, Director of Council Administration

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: ACCF FINAL
PERFORMANCE REPORT**

Organization: _____

Project/Program/Service: _____

Type of Funding Program

Arts, Culture And Community Festivals (ACCF)

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 reimbursement documentation is complete and ready to submit. Please note that payments may be withheld until all contractual obligations are met. Keep a copy of the complete reimbursement on file for your organization.

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

- Request for Reimbursement Payment (RFRP) Form 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 equal to or greater than \$10,000, 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 via email to ACCF@SanDiego.gov ASAP and no later than July 31, 2024 with the document titled "RFRP_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
Grants Manager
EdwardsA@SanDiego.gov / (619) 236-5918

Malachi Bielecki
Grants Coordinator
MBielecki@SanDiego.gov / (619) 236-7709

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

Statement of Activities



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 ACCF award was \$10,000 or more

Nonprofit Statement of Financial Position



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		