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 (A	ACCF)
<u>Request Details</u>	
Total Project/Program/Service Award:	
Total Request Amount/Payment Requested:	
What number request is this? Multiple RFRP Form submission is permissible.	
<u>Authorization</u> An authorized signatory is to sign and print nan	ne, date, and title.
Signature:	Date:
Print Name:	Title:
To be completed by Council Administration ON	NLY:
Approved:	Date:
City of San Diego, Director of Council Administration	1



Request for Reimbursement 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
was made	independent contractor, employee	wants to be	check # or	(invoice/receipt). Should match Use of
mm/dd/yyyy	name, etc.)	reimbursed	ACH for	City Funds section from application.
	manney etchy	remisarsea	card pmts	city ranas section from appreadion.
			cara pints	
Takal F				
Total Expen	ses			

SD	THE	CITY	O F	SAN	DIEGO

Date:	_
-------	---

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. Remember to keep a copy of the completed form on file for your organization.

For organizations receiving funding <u>less than \$10,000</u>, 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 <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 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