



**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*





**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 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:

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