



Date: _____

COUNCIL OFFICE FUNDING PROGRAM: FY25 ACCF

Final Report & Request for Reimbursement Payment

Grantee: _____

Project: _____

Agent Name: _____ Title: _____

Email: _____ Phone: _____

Mailing Address: _____

Request Details

Total Project Award:	
Total Reimbursement Requested:	

*The FY25 ACCF grant program is **reimbursement only**. The grantee will receive a payment up to the total grant award for all expenses which are adequately documented pursuant to Council Policy 100-23 and the executed funding agreement, and which are approved by Council Administration.*

Authorization

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

Signature: John Smith Date: _____

Print Name: _____ 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.

To be completed by Council Administration ONLY:

Approved: _____ Date: _____

City of San Diego, Director of Council Administration



Expense Reporting Form

Instructions: Grantees should list expenses in the tables below and label supporting documents accordingly. For example, documents for row #1 should be labeled as “#1,” and multiple documents for one row can be labeled “#1A, #1B,” etc. This can be done by editing the document directly (either by hand, then scanning, or digitally). Final reports must be submitted as a single PDF. For more details, refer to the instructions document.

#	Date of Payment: <i>Date expense was incurred in mm/dd/yyyy</i>	Vendor or Employee Name: <i>Enter who received payment (name of business/vendor, organization, independent contractor, employee name, etc.)</i>	Expense Amount: <i>Amt grantee wants to expense</i>	Payment Type: <i>Enter check # or “ACH” for card pmts</i>	Expense Description: <i>List and describe eligible expenses. Refer to the proof of purchase (invoice/ receipt). Eligible expenses are those approved by the funding agreement (refer to Use of City Funds section of application)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
20					
	Page 1 Expenses:				
	Total Expenses:				



Expense Reporting Form (cont.)

#	Date of Payment <i>Date pmt was made: mm/dd/yyyy</i>	Vendor or Employee Name <i>Enter who received payment (name of business, organization, independent contractor, employee name, etc.)</i>	Expense Amount <i>Amt org wants to expense</i>	Payment Type <i>Enter check # or ACH for card pmts</i>	Expense Description <i>Please list items or general topics. Refer to the proof of purchase (invoice/ receipt). Should match Use of City Funds section from application.</i>
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
	Page 2 Expenses:				
	Total Expenses:				

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

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

Attach: Time-card or similar
documentation of the \$5,000 expense

Attach: Copy of the check written to John Smith for the \$5,000 payroll expense

Attach: Your organization's Statement of Activities if your CPPS or 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 CPPS or 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		

COUNCIL OFFICE FUNDING PROGRAM: FY25 ACCF**Final Performance Report**

Grantee: _____

Project: _____

Narrative

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

Feedback (optional)

Please let us know if you have any feedback for our team so that we can improve future funding cycles.

Checklist

Check the boxes below to verify that all documentation is complete and ready to be submitted. Please note that reimbursement payments may be withheld until all contractual obligations are met.

All grantees must confirm that the deliverables listed are complete by checking the boxes.

- ☐ Signed cover page.
- ☐ Expense Reporting Form, including proof of purchase and proof of payment documents for each line item.
- ☐ Final Performance Report

In addition to the above, complete the following section if the total funding received is equal to or greater than \$10,000. Grantees receiving multiple awards where the combined total is equal to or greater than \$10,000 are required to submit these documents.

- ☐ 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, 2025 with the document titled "Grantee Name_FY25 ACCF RFRP."

Please contact the Council Administration Grants Team with any questions:

Abigail Edwards

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(619) 236-6441

Malachi Bielecki

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