



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: \_\_\_\_\_ 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.

#	<b>Date of Payment:</b> <i>Date expense was incurred in mm/dd/yyyy</i>	<b>Vendor or Employee Name:</b> <i>Enter who received payment (name of business/vendor, organization, independent contractor, employee name, etc.)</i>	<b>Expense Amount:</b> <i>Amt grantee wants to expense</i>	<b>Payment Type:</b> <i>Enter check # or “ACH” for card pmts</i>	<b>Expense Description:</b> <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					
	<b>Page 1 Expenses:</b>				
	<b>Total Expenses:</b>				



## Expense Reporting Form (cont.)

#	<b>Date of Payment</b> <i>Date pmt was made: mm/dd/yyyy</i>	<b>Vendor or Employee Name</b> <i>Enter who received payment (name of business, organization, independent contractor, employee name, etc.)</i>	<b>Expense Amount</b> <i>Amt org wants to expense</i>	<b>Payment Type</b> <i>Enter check # or ACH for card pmts</i>	<b>Expense Description</b> <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					
	<b>Page 2 Expenses:</b>				
	<b>Total Expenses:</b>				

**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:

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