



COUNCIL OFFICE FUNDING PROGRAM: FY25 CPPS
Final Report

Grantee: _____

Project: _____

Agent Name: _____ Title: _____

Email: _____ Phone: _____

Mailing Address: _____

Grant Details

Total Project Award:	
Total Expenses Documented:	

Please note that any undocumented grant funds must be returned to the City in full or otherwise documented pursuant to the grantee's funding agreement. Failure to comply with this requirement may result in the grantee's inclusion on a delinquency list, which would preclude the organization from receiving future CPPS or ACCF funding until the funds are returned or documented appropriately.

Authorization

An authorized signatory is required 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.

#	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					
16					
17					
18					
19					
20					
	Page 1 Expenses:				
	Total Expenses:				



Expense Reporting Form (cont.)

#	Date of Payment <small>Date pmt was made: mm/dd/yyyy</small>	Vendor or Employee Name <small>Enter who received payment (name of business, organization, independent contractor, employee name, etc.)</small>	Expense Amount <small>Amt org wants to expense</small>	Payment Type <small>Enter check # or ACH for card pmts</small>	Expense Description <small>Please list items or general topics. Refer to the proof of purchase (invoice/ receipt). Should match Use of City Funds section from application.</small>
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:				

COUNCIL OFFICE FUNDING PROGRAM: FY25 CPPS 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.

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 and all attachments as one combined file **via email to CPPS@SanDiego.gov** ASAP and **no later than July 31, 2025**, with the document titled "Grantee Name_FY25 CPPS Final Report."

Please contact the Council Administration Grants Team with any questions:

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