



**COUNCIL OFFICE FUNDING PROGRAM: FY26 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 Council 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: John Q. [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 <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>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>
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 addressed to John Smith for the \$5,000 payroll expense and the bank statement showing the check was cashed.

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: FY26 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. ***Attach the supporting documents after page 3.***

Final Performance Report

In addition to the above, complete the following section confirming inclusion of the required financial documents if the total funding received under this award is equal to or greater than \$10,000.

Statement of Activities (Total Revenues and Expenses)

Statement of Financial Position (Total Assets, Liabilities, and Equity)

****These documents should be submitted by the grantee's fiscal year ending on or before June 30, 2026.***

Submit

Submit completed form and all attachments as one combined file **via email to**

CPPS@SanDiego.gov ASAP and **no later than July 31, 2026**, with the document titled "Grantee Name_FY25 CPPS Final Report."

Please contact the Council Administration Grants Team with any questions:

Abigail Edwards

Grants Manager
EdwardsA@SanDiego.gov
(619) 236-6441

Malachi Bielecki

Grants Coordinator
MBielecki@SanDiego.gov
(619) 236-6441