



**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: \_\_\_\_\_ 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 their expenses using the tables below and label supporting documents in kind. For example, supporting documents associated with row #1 should be clearly labeled as "#1," and if there are multiple documents associated with one row entry, they may be identified as "#1A, #1B," and so on. This can be achieved by editing directly onto the supporting document either by hand (to be scanned and uploaded) or by editing the documents virtually. Final reports should be submitted as a single combined PDF document. Please see the instructions document for more information.

#	<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					
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11					
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15					
16					
17					
18					
19					
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>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					
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41					
42					
43					
<b>Page 2 Expenses:</b>					
<b>Total Expenses:</b>					

<p align="center"><b>COUNCIL OFFICE FUNDING PROGRAM: FY26 CPPS FINAL PERFORMANCE REPORT</b></p>
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Grantee: \_\_\_\_\_

Project: \_\_\_\_\_

**Narrative (Required)**

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 cover 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:

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