Match Income Form

This form is for contractors who did not show Match Income on previous Requests for Payment Forms.

Match Regulations – Requirements

Pursuant to Council Policy 100-03, for every $1 the City invests, the applicant must match that support with cash funding. Cash match funding may come from any number of sources including earned or contributed income, but cannot come from The City of San Diego including contract augmentation funds. All contractors are required to match their reimbursement as stated in Article 3.1.2 of the contract. Contractors will provide evidence of matching funds received during the fiscal year for the period of the contract. For FY16, all matching income must be accrued between July 1, 2015 and June 30, 2016.

Matching funds can come from:

Contributed income such as but not limited to: donations from individuals, foundations or corporations, other government entities
Earned Revenue such as but not limited to: ticket sales, gift shop income or program fees

Please note, all matching funds need to be received within the fiscal year of the contract. For FY16 this is from July 1, 2015-June 30, 2016.

Refer to Article 3.1.2 of the contract to see your required match amount.

Contractors need to submit the Request for Payment Form which MUST contain the following elements: *See Glossary of terms for definitions.*

- Contractor's Legal Name
- Address
- Phone Number
- Contract Number
- Purchase Order Number
- Employer Identification Number
- Total Contract Amount
- Total Required Match Amount
- Table 1: Past Requests for Payment
- Table 2: Match Income Table
- Signature

TABLE 1: REQUESTS FOR PAYMENT SUBMITTED
This table shows the past Requests for Payments submitted to the city for this contract, that did not show matching income information. Contractors should fill out as many lines as number of requests made. Information in this table:

- Request #: number of past request
- Invoice Date: date of Request for Payment Form/Invoice submitted
- Contractor Invoice Number: unique number on Request for Payment Form/Invoice
- Request Amount: amount requested on that Request for Payment Form/Invoice
- Match Amount Required (per request): amount of match that equals the required ratio for that request
- Total Amount Requested to date: total amount of reimbursement requested by contractor to date
- Total Amount of Match required to date: total amount of match that is required based on total amount of reimbursement requested to date

TABLE 2: MATCH INCOME TABLE

Contractors should use this table to demonstrate:

- Income sources
- Amounts they are using to match the reimbursement
- Total match amount in relation to the invoices that have been submitted

For example, if the first Request for Payment you are requesting is $21,000 and your contract stipulates a 3:1 match, you show $63,000 in matching funds. Then on a second request for payment, you request another $21,000, you show a match of $63,000 and $126,000 as a TOTAL match amount because you show the total match amount from your first request. See the sample form on page 5 for a visual example.

Please note, all matching funds need to be received within the fiscal year of the contract. For FY16 this is from July 1, 2015-June 30, 2016.

Information in this table:

- Match Income Source: description of where the matching funds came from
- Amount: amount of funds from that source
- Date Paid: date the funds were received
- Match Income Total: these lines show the total match amount for your request, and any previous requests
    - Fill out the lines for the number of your current and past requests, and the total match amount to date
- Match Income from Previous Requests: put the total match amount from previous requests for payment.
- Total Match Income: total amount of match income demonstrated to date

Where to Submit a Match Income Form?

Where do I send the Request for Payment Form?
Mail the form to the Commission for Arts and Culture, Attn: Whitney Roux, 1200 Third Ave, Suite 924 San Diego CA 92102.

Can invoices be submitted via email?
Yes, as long as a signature is included and it is printed or saved as a PDF on your organization's letterhead. Email to Funding Programs Coordinator, Whitney Roux at wroux@sandiego.gov

Who do I contact if I have questions?
Commission Staff are available Monday-Friday to assist you. For questions regarding FY16 Requests for Payment contact Whitney Roux, Funding Programs Coordinator at wroux@sandiego.gov or call 619.236.6798.

Glossary – What does that mean?

Contract Number: The unique number assigned to the contract by the City of San Diego. It begins with FY16 and the funding program abbreviation; this number can be found on the front page of the contract in the first paragraph. EX: FY16OSP-XX-XXXXXXX or FY16CCSD-XX-XXXXXXX

Purchase Order Number: This unique number is assigned by the City of San Diego Purchasing and Contracting Department. This number is created once a fully executed contract and complete insurance has been received by city staff. Contractors will receive this number via US mail and/or email. Ex: 4500011111

Total Contract Amount: Total amount of compensation to contractor for services. This can be found in Article III, Section 3.1 of the contract.

Total Required Match Amount: Total amount of match income that needs to be demonstrated for the entire compensation. Can be found on Article III, Section 3.1.2 of the contract.

Contractor Invoice Number: The number is generated by the contractor. The contractor uses this number internally to track the payment of the receivable. This number should be unique to the invoice and should not be repeated on future Request for Payment Forms.

Employer Identification Number (EIN): Employer Identification Number, or Federal Tax Identification Number, a 9-digit number assigned by the IRS to identify taxpayers.

Request Amount: Total amount of funds requested for this period/invoice.

Number Request: What request number is this for this contract? If this is your first request for reimbursement then put 1, if it is the third then you write 3, etc.

Requests for Payments Submitted: Tabling showing the past Requests for Payments submitted to the city for this contract, which did not show matching income information. Contractors should fill out as many lines as number of requests made.

Match Income Table: A table showing a list of matching income for the current request amount and past submitted requests. As stipulated in Article III, Section 3.1.2 of the contract, Contractors are required to match their reimbursement; match Income can be contributed or earned revenue. Examples of contributed income can come from sources such as but not limited to donations from individuals, foundations or corporations. Examples of earned Revenue can come from such options such as but not limited to ticket sales, gift shop income or program fees. Information required on this table includes income description, amount, and date the funds were received.

Sample Match Income Form is on the next page.

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SAMPLE: This sample form demonstrates if a contractor had submitted two requests for payment without showing any matching income.

Match Income Form

Contractor's Legal Name: ABC Arts Organization
Address: 1235 Market Street, San Diego CA 92101
Phone Number: 619-555-1234

Contract Number: FY16OSP-55-1234567	Located on the front page of the contract.
Purchase Order Number: 4500075011	Provided to you by City of San Diego.

Employer Identification Number (EIN#): 55-1234567

Total Contract Amount: $63,000	Located in Article III of your contract.
Total Required Match Amount: $189,000	Located in Article III of your contract.

TABLE 1: REQUESTS FOR PAYMENT SUBMITTED

A. Request #	B. Invoice Date	C. Contractor Invoice Number	D. Requested Amount	E. Match Amount Required (per request)
1	10/5/2016	OSP16_1	$ 21,000	$ 63,000
2	2/5/2016	OSP16_2	$ 21,000	$ 63,000
3			$	$
4			$	$
Total Amount Request to date: (Sum of lines D:1-4)				
Total Match Amount Required to date (Sum of lines E: 1-4)				

TABLE 2: MATCH INCOME TABLE

If you need more lines, please attach a spreadsheet with additional data.

Match Income Source	Match Amount	Date Received
XYZ Foundation	$6,000	10/15/2015
Ticket Sales	$20,000	9/1/2015
Individual Contributions	$100,000	8/1/2015-12/31/2015
A. Total Match Amount to Date:	$126,000	← Total match income to date. Add all lines.
B. Total Match Required:	$	← Found in article 3.1.2 or your contract.
C. Remaining Match Amount:	$	← Subtract Line A from Line B. Should total $0

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	6	on your final request.

<u>Authorization</u>

I have prepared this invoice in compliance with Article III Compensation of the Agreement between the City of San Diego and the organization I represent.

Printed Name & Title	
Signature	
Date	

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Match Income Form Template

Contractor's Legal Name:
Address:
Phone Number:
Contract Number:
Purchase Order Number:
Employer Identification Number (EIN#):
Total Contract Amount: $
Total Required Match Amount: $

TABLE 1: REQUESTS FOR PAYMENT SUBMITTED

A. Request #	B. Invoice Date	C. Contractor Invoice Number	D. Requested Amount	E. Match Amount Required (per request)
1			$	$
2			$	$
3			$	$
4			$	$
Total Amount Request to date: (Sum of lines D:1-4)				
Total Match Amount Required to date (Sum of lines E: 1-4)				

TABLE 2: MATCH INCOME TABLE

If you need more lines, please attach a spreadsheet with additional data.

Match Income Source	Match Amount	Date Received
	$	
	$	
	$	
	$	
	$	
A. Total Match Amount to Date:	$	
B. Total Match Required:	$	
C. Remaining Match Amount:	$	← Subtract Line A from Line B.

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Authorization

I have prepared this invoice in compliance with Article III Compensation of the Agreement between the City of San Diego and the organization I represent.

Printed Name & Title	
Signature	
Date	