



**COUNCIL OFFICE FUNDING PROGRAM: ACCF & CPPS
FINAL PERFORMANCE REPORT**

Organization: _____

Project/Program/Service: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Mailing Address: _____

Type of Funding Program

- Arts, Culture And Community Festivals (ACCF)
- Community Projects, Programs And Services (CPPS)

Narrative

This section is to indicate the extent to which objectives described in Exhibit A were accomplished. On a separate document, please answer the following questions and submit with this form. There is no page minimum or maximum for this narrative, photos and/or videos are welcomed.

Program Outcomes:

- a.) Referring to Exhibit A of the Funding Agreement, please describe in a detailed and measurable way how well your organization met the project/program/service objectives. If objectives were not met, explain why.
- b.) What other significant accomplishments did your organization achieve this fiscal year?
- c.) If the project/program/service experienced a surplus, please explain how the surplus will be used to improve the neighborhood or community you serve. If a deficit was experienced, please explain how it will affect your organization’s financial position.

Challenges and Opportunities:

Are there new challenges or opportunities that your organization experienced this year that may require significant attention, resources, or organizational effort in the coming year?

Council Office Funding Program Evaluation:

- a.) Based on your experience to date, what have been the strengths and/or limitations of the Council Office Funding Program?
- b.) What would your organization suggest we do to improve it?
- c.) How can Council Administration better serve your organization?

Checklist

Check the boxes below to ensure all reimbursement documentation is complete and ready to submit. Please note that payments may be withheld until all contractual obligations are met. Keep a copy of the complete reimbursement on file for your organization.

For organizations (contractors) receiving funding less than \$10,000, check off and ensure the following documents are complete:

- Request for Reimbursement Payment (RFRP) Form is complete
- Eligible Proof of Purchase and Proof of Payment for each line item is included
- Final Performance Report is complete

For organizations (contractors) receiving funding equal to or greater than \$10,000, check off and ensure the following documents are complete and included*:

- Statement of Activities
- Statement of Financial Position
- Audited Financial Statements for contractors receiving funding equal to or greater than \$75,000 (Audited financial statements must include all of the above financial documents)*

**Refer to sections 2.2 and 2.3 of the Funding Agreement for further direction.*

Submit

Submit complete Request for Reimbursement Payment documents via email to ACCF@SanDiego.gov or CPPS@SanDiego.gov by **July 30, 2020***. If your organization is unable to submit electronically, please fax documents to the following number by the deadline:

Council Administration
 Attn: Courtney Thomson
 Fax: (619) 236-6529

**For those organizations that have received an amended contract for a postponed event or project/ program/service, please submit the Final Performance Report no later than 30 days after completion.*

Authorization

An authorized signatory is to sign and print name, date, and 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.

Signature: _____ Date: _____

Print Name: _____ Title: _____