THE CITY OF SAN DIEGO

FY 2016 CITY COUNCIL COMMUNITY PROJECT, PROGRAMS, AND SERVICES (CPPS) AGREEMENT FINAL PERFORMANCE REPORT

Name of Organization: _____

Person Completing this Form/Title: _____

Phone/Fax/Email: _____ / _____ / _____

Please refer to your FY 2016 CPPS Agreement to complete this form:

On a separate sheet of paper, please answer the following questions and attach this form to the top. There is no page limit to this report.

I. NARRATIVE

Program Outcomes:

a. Referring to the Program Objectives of your Agreement, please list (item by item) each objective and describe in a detailed and measurable way how well your organization met the objective. If you did not achieve your objective, explain why.

b. Other than your Agreement's objectives, what other significant accomplishments did your organization achieve in FY 2016?

c. If your event experienced a surplus, please tell us how you will use the surplus to improve the neighborhood or community you serve. If your event experienced a deficit, please explain how it will affect your organization's financial position.

Challenges and Opportunities:

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

San Diego CPPS Fund Evaluation:

a. Based on your experience to date, what have been the strengths and/or limitations of the CPPS Program?

b. What would you suggest we do to improve it?

c. How can the City better serve your organization?

II. ATTACHMENTS CHECKLIST

A. For contractors receiving less than $10,000, check off and attach the following documents to your Narrative:

☐ Request for Reimbursement Payment

B. For contractors receiving in excess of $10,000, check off and attach the following documents to your Narrative:

☐ Final Request for Payment
☐ Statement of Activities*
☐ Statement of Financial Position*
☐ Audited Financial Statements for contractors receiving more that $75,000. (*Audited financial statements must include **all** of the above financial documents)

Note: FY 2016 CPPS reimbursements may be withheld until all FY 2016 contractual obligations are met.

III. STATEMENT OF COMPLIANCE

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 100-06, as specified in the Agreement.

All required reports and disclosures have been submitted.

Signature of Authorized Representative: _____

_____ _____
Name and Title Date

_____
Organization Name

Mail Final Report and Attachments to:

Council Administration
ATTN: Courtney Thomson
202 C Street, MS 10A
San Diego, CA 92101
(619) 236-6442