REQUEST FOR ADVANCE OR REIMBURSEMENT *(See instructions on back)*	OMB APPROVAL NO. 0348-0004		PAGE OF PAGES
	1. TYPE OF PAYMENT REQUESTED	a. *"X" one or both boxes* ☐ **ADVANCE** ☐ **REIMBURSE-MENT** b. *"X" the applicable box* ☐ **FINAL** ☐ **PARTIAL**	2. BASIS OF REQUEST ☐ **CASH** ☐ **ACCRUAL**
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER / 7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. **PERIOD COVERED BY THIS REQUEST** FROM *(month, day, year)*		TO *(month, day, year)*
9. RECIPIENT ORGANIZATION *Name:* *Number and Street:* *City, State and ZIP Code:*	10. PAYEE *(Where check is to be sent if different than item 9)* *Name:* *Number and Street:* *City, State and ZIP Code:*		

11. **COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED**

PROGRAMS/FUNCTIONS/ACTIVITIES ►	*(a)*	*(b)*	*(c)*	**TOTAL**
a. Total program outlays to date *(As of date)*	$	$	$	$ 0.00
b. *Less:* Cumulative program income				0.00
c. Net program outlays *(Line a minus line b)*	0.00	0.00	0.00	0.00
d. Estimated net cash outlays for advance period				0.00
e. Total *(Sum of lines c & d)*	0.00	0.00	0.00	0.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				0.00
h. Federal payments previously requested				0.00
i. Federal share now requested *(Line g minus line h)*	0.00	0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month				0.00
2nd month				0.00
3rd month				0.00

12. **ALTERNATE COMPUTATION FOR ADVANCES ONLY**

a. Estimated Federal cash outlays that will be made during period covered by the advance	$
b. *Less:* Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested *(Line a minus line b)*	$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION *(Continued on Reverse)* **STANDARD FORM 270** (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

Figure 3–8 *Request for Advancement or Reimbursement form.*
Source: U.S. Government.

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13.	CERTIFICATION	
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED March 24, 2009
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	*Entry*
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
13	Complete the certification before submitting this request.

STANDARD FORM 270 (Rev. 7-97) Back

Figure 3–8 *continued*

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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. **0348-0038**	Page of pages

3. Recipient Organization (Name and complete address, including ZIP code)

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ **Yes** ☐ **No**	7. Basis ☐ **Cash** ☐ **Accrual**

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Recipient share of outlays			0.00
c. Federal share of outlays	0.00	0.00	0.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share *(Sum of lines c and f)*			0.00
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds *(Line h minus line g)*			0.00

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)* ☐ **Provisional** ☐ **Predetermined** ☐ **Final** ☐ **Fixed**

b. Rate	c. Base	d. Total Amount	e. Federal Share

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

Figure 4–2 *Short Financial Status form (Form 269A).*

Source: Office of Management and Budget, United States Government.

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FINANCIAL STATUS REPORT

(Short Form)

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0038), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry
1, 2 and 3.	Self-explanatory.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.
5.	Space reserved for an account number or other identifying number assigned by the recipient.
6.	Check *yes* only if this is the last report for the period shown in item 8.
7.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."
9.	Self-explanatory.
10.	The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in *the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.
10a.	Enter total program outlays less any rebates, refunds, or other credits. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
10b.	Self-explanatory.
10c.	Self-explanatory.
10d.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10d that have been included on lines 10a, b, or c. On the final report, line 10d must be zero.
10e.	f, g, h, h and i. Self-explanatory.
11a.	Self-explanatory.
11b.	Enter the indirect cost rate in effect during the reporting period.
11c.	Enter the amount of the base against which the rate was applied.
11d.	Enter the total amount of indirect costs charged during the report period.
11e.	Enter the Federal share of the amount in 11d.
Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

*U. S. Government Printing Office: 1993 - 342-197/81289

SF-269A (Rev. 7-97) Back

Figure 4–2 *continued*

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FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. **0348-0039**	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ **Yes** ☐ **No**	7. Basis ☐ **Cash** ☐ **Accrual**
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			0.00
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	0.00	0.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	0.00	0.00
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			0.00
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds *(Line o minus line n)*			0.00
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized *(Sum of lines q, r and s)*			0.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ **Provisional** ☐ **Predetermined** ☐ **Final** ☐ **Fixed**			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted June 16, 2009

Previous Edition Usable — 269-104 — Standard Form 269 (Rev. 7-97)
NSN 7540-01-012-4285 — Prescribed by OMB Circulars A-102 and A-110
200-498 P.O. 139 (Face)

Figure 4–3 *Long Financial Status form (Form 269).*
Source: Office of Management and Budget, United States Government.

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FINANCIAL STATUS REPORT
(Long Form)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0039), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry
1, 2 and 3.	Self-explanatory.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.
5.	Space reserved for an account number or other identifying number assigned by the recipient.
6.	Check *yes* only if this is the last report for the period shown in item 8.
7.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."
9.	Self-explanatory.
10.	The purpose of columns, I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report *in the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
10b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
10d, e, f, g, h, i and j.	Self-explanatory.
10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10k that have been included on lines 10a and 10j. On the final report, line 10k must be zero.
10l.	Self-explanatory.
10m.	On the final report, line 10m must also be zero.
10n, o, p, q, r, s and t.	Self-explanatory.
11a.	Self-explanatory.
11b.	Enter the indirect cost rate in effect during the reporting period.
11c.	Enter the amount of the base against which the rate was applied.
11d.	Enter the total amount of indirect costs charged during the report period.
11e.	Enter the Federal share of the amount in 11d.
Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

SF-269 Back (Rev. 7-97)

Figure 4–3 *continued*

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SAMPLE PERSONNEL ACTIVITY REPORT
(TIME AND EFFORT REPORT)

Organization Name:______________________________

Employee's Name______________________ Week Ending __________

Activity	Distribution of Time
Arts Endowment	
1. Grant	_______ %
2. Grant	_______ %
Other	
3. Project name	_______ %
4. Project name	_______ %
5. Project name	_______ %
Administrative	_______ %
Fundraising	_______ %
Leave	
Sick	_______ %
Vacation/annual	_______ %
Other (specify)	_______ %
TOTAL:	100 %

Employee's Signature ______________________ Date:__________

Supervisor's Signature ______________________ Date:__________

In preparing personnel activity reports, please note the following:

- The reports must be based on an after-the-fact determination of the employee's actual activities (i.e., these cannot be estimated in advance). For example, the distribution of time might be determined based on notes from personal calendars and/or reasonable estimates of time spent on various activities.
- All of the employee's compensated time must be accounted for in these reports. This would include time spent on activities in addition to the Endowment-supported project(s), as well as leave (sick/vacation/holiday), administrative duties, etc. NOTE: **For nonprofessional employees, grantees must also maintain records indicating the total number of hours worked each day in conformance with the Fair Labor Standards Act (29 CFR Part 516).**
- The reports must be signed by the employee or a responsible supervisory official.
- Reports must coincide with one or more pay periods and be used to reconcile salary and fringe benefit costs to appropriate accounts on a regular (preferably monthly) basis.
- Unless otherwise specified in the grant award letter or if the organizations is on either working capital advance or cost reimbursement method of funding, the Endowment waives the requirement to maintain personnel activity reports for nonprofit organizations and institutions of higher education receiving an award of less than $50,000 starting with year 2005 awards. However, appropriate records must be maintained to verify any expenses attributed to Federal/matching funds.

Figure 4–4 *Sample Personnel Activity Report form.*
Source: National Endowment for the Arts.

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OMB No. 1894-0003
Exp. 02/28/2011

U.S. Department of Education
Grant Performance Report (ED 524B)
Project Status Chart

PR/Award # (11 characters): ____________________

SECTION A - Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)

1. Project Objective [ ] Check if this is a status update for the previous budget period.

1.a. Performance Measure	**Measure Type**	**Quantitative Data**					
		Target			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
			/			/	

1.b. Performance Measure	**Measure Type**	**Quantitative Data**					
		Target			**Actual Performance Data**		
		Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
			/			/	

Explanation of Progress (Include Qualitative Data and Data Collection Information)

ED 524B

Page 3 of 5

Figure 7–1c *Project status report.*
Source: United States Department of Education.

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OMB No. 1894-0003
Exp. 02/28/2011

U.S. Department of Education
Grant Performance Report (ED 524B)
Project Status Chart

PR/Award # (11 characters): ____________________

SECTION A - Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)

2. Project Objective [ ] Check if this is a status update for the previous budget period.

2.a. Performance Measure	Measure Type	Quantitative Data					
		Target			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
			/			/	

2.b. Performance Measure	Measure Type	Quantitative Data					
		Target			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
			/			/	

Explanation of Progress (Include Qualitative Data and Data Collection Information)

Figure 7–1c *continues*

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OMB No. 1894-0003
Exp. 02/28/2011

U.S. Department of Education
Grant Performance Report (ED 524B)
Project Status Chart

PR/Award # (11 characters): ____________________

SECTION B - Budget Information (See Instructions. Use as many pages as necessary.)

SECTION C - Additional Information (See Instructions. Use as many pages as necessary.)

Figure 7–1c *continued*

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COMMUNITY FOUNDATION

of Central Florida

FINAL EVALUATION

INSTRUCTIONS

The Community Foundation of Central Florida is committed to evaluating all of the programs and projects it funds in order to assess its effectiveness in the community. This form is to be filled out (use separate sheet if necessary) upon completion of the grant requirements, signed by your agency's executive director and board chair, and returned to the Community Foundation at the address provided at the bottom of the page.

EVALUATION

Name of Organization: ______________________________

Address: ______________________________ Email: ______________________________

City, State, Zip: ______________________________ Phone: ______________________________

Person Submitting Evaluation: ______________________________
Name Title

Date Project Funded: _____/_____/_____ Amount Awarded: $______________________

1. Please explain in narrative form how this grant aided your organization in "Capacity Building."

2. Give examples of specific outcomes produced from the use of this money, with reference to the definition of "Capacity Building." What was the value added component to the use of this money? (demographics and #'s of services provided)

3. Provide complete financial detail documenting how the money was spent. (Documentation is not required)
   Dates Disbursed Amounts To Whom Purpose

4. The Community Foundation requires public recognition of funding. Please detail any publicity naming the Foundation as a donor. Attach copies of news releases, articles, etc. (paid advertising is not appropriate acknowledgement)

SIGNATURE

This form must be reviewed and signed by the organization's executive director and board chair.

______________________________ ______________________________
Executive Director Date Board Chair Date

1411 Edgewater Drive, Ste. 203, Orlando, FL 32804; ph. 407-872-3050; fx. 407-425-2990; web. www.cfcflorida.org

Figure 8–1 *Final report.*

Source: Reprinted with permission of the Community Foundation of Central Florida.

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SEMAC Final Report Form
(Type in Black Ink. Do not change the format of this form.)

SOUTHEASTERN MINNESOTA ARTS COUNCIL, INC. (SEMAC)
1610 14th Street NW #206, Rochester, Minnesota 55901 (507) 281-4848, Fax (507) 281-8373
Serving Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona Counties

1. Grant Recipient (name, address & phone) :	2. Grant Number and one sentence description of project:

3. Please fill in the date, location and attendance for each activity included in the project. If there is not enough room provided, attach a separate sheet of information in the same format.

DATE	ACTIVITY	LOCATION	ATTENDANCE

TOTAL ATTENDANCE: ______

4. Describe the project, being sure to include how it may have differed from the original proposal.

5. List the original stated goals of the project. How did you evaluate the acheivement of these goals? What were the results of your evaluation?

Figure 8–2 ***Final report.***
Source: Reprinted with permission of the Southeastern Minnesota Arts Council.

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6. Describe the publicity for the project and how the SEMAC grant you received was acknowledged. (Attach representative samples of publicity materials)

7. Describe how your project was ADA (Americans with Disabilities Act) accessible.

8. Financial Report

COSTS	Proposed Budget Cash	Proposed Budget In-Kind	Actual Project Costs Cash	Actual Project Costs In-Kind
1. Salaries				
2. Artist Fees				
3. Supplies & Materials				
4. Travel				
5. Publicity				
6. Rental & Other				
Subtotals				
Total Cost (Cash + In-Kind)				

INCOME	Proposed Budget	Actual Project Income
1. Carry-over Capital (cash on hand)		
2. Cash donations		
3. Non-SEMAC Grants		
4. Earned Income		
5. SEMAC Grant		
Total Income		

SURPLUS

Surplus / Profit amount $ ____________ . If your project generated more income than your original proposal indicated, how will you designate these additional funds?

9. Letter of thanks sent to Legislative/Senate representative:

Yes ________ No ________ Representative(s) ________________________

I certify that the information contained in this report is true and correct to the best of my knowledge:

SIGNATURE	TYPED NAME	TITLE	DATE

Figure 8–2 *continued*

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THE CHAMPLIN FOUNDATIONS
ANNUAL USE OF FUNDS REPORT

Organization:	
Telephone:	
Date of Grant Award:	
Original Amount of Grant:	
(A)Beginning Unspent Balance of Grant:	

Amount Spent During this Period:

Date	Payee	Item	Amount

(B)Total Amount Spent During the Period	
Ending Balance of Grant Remaining (A)-(B)	

I hereby certify that I am authorized by the above organization to make this report and further certify that the above information is true and accurate to the best of my knowledge.

Signature:		Date:	
Print Name:		Title:	

Please use this form to submit your report detailing how grant dollars received from these Foundations were spent during this reporting period.

REPORT EACH GRANT SEPARATELY

Reports are due annually, beginning December 31st in the year following the year of award, until the entire grant has been expended.

Submit Reports Annually by December 31st to:
The Champlin Foundations ~ 300 Centerville Road, Suite 300S ~ Warwick, RI 02886-0226

TIMELY AND ACCURATE REPORTING IS MANDATORY IN ACCORDANCE WITH IRS REGULATIONS.
FAILURE TO COMPLY WILL ADVERSELY IMPACT ANY FUTURE APPLICATIONS.

Figure 8–3 *Use of funds report.*
Source: Reprinted with permission of the Champlin Foundations.

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SAMPLE PRIOR APPROVAL FORM

NEH Grant Number: ________________ Other Identifying #: ________________

Project Director: ____

Current Grant Period: From ____________________ To ________________

Requested by:__________________________ Date of Request: __________
(if other than project director)

Check the type of change that is being requested and explain why the change(s) is needed in the space provided on the reverse side of this form.

*** The grantee institution is authorized to approve the items which are asterisked.**

[ ] EXTEND THE GRANT PERIOD
Number of months _______
*( ) 1st extension of 12 months or less
( ) 1st extension exceeding 12 months
( ) 2nd extension

A one-time extension of up to 12 months can be made if additional time is required to complete the original scope of the project with funds already made available. At least ten days before the grant is scheduled to expire, the Office of Grant Management must be informed in writing of the new expiration date and the reason the grant had to be extended. A second request or a request to extend the grant for more than twelve months must include a detailed justification for the extension, an estimate of the unexpended funds and a plan of work for activities that will be undertaken during the requested extension period.

[ ] BUDGET REVISION

*( ) Transfer of budgeted funds between direct cost categories.
*( ) Transfer of budgeted funds between direct and indirect costs.
*( ) Addition of the following costs that were not included in the budget approved by NEH.
__ foreign travel,
__ equipment purchase,
__ stipends and travel allowances for participants at conferences, symposia, and training projects,
__ publication and printing costs.
( ) Transfer to a third party of a portion of work under this grant.
( ) Addition of costs that are specifically disallowed by the terms and conditions of the grant award.
( ) Transfer of funds from stipends or training allowances to other budget categories.

[ ] *INCUR PREAWARD COSTS WITHIN 90 DAYS OF THE BEGINNING DATE OF THE GRANT.

[ ] CHANGE IN PROJECT ACTIVITIES THAT AFFECT SCOPE

Written NEH approval is needed before a grantee may make a change in project activities that affects in any way the purpose of the grant, the subject matter, the treatment of the subject matter, the historical time frame of the project, the volume of material that is to be treated/studied, or the products that are expected to result from grant activities. In making such a request, the grantee should understand that NEH's authority to approve changes that affect the scope of a project is limited by its legislation and appropriation law. **(Explain in detail why a change in project activities is necessary and what change is proposed).**

Figure 9–7 ***Prior approval form.***
Source: *National Endowment for the Humanities.*

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[ ] CHANGE IN KEY PROJECT PERSONNEL

The replacement of the project director, the co-director, or other project personnel whose replacement is restricted in the grant award or a substantial reduction in the level of their effort (e.g., their unanticipated absence for more than three months, or a twenty-five percent reduction in the time devoted to the project) requires prior written approval from NEH. (Evidence of the qualifications of replacement personnel must be provided).

[ ] OTHER CHANGE

Explanation/justification of requested changes. (Use attachment if additional space is needed).

REQUESTED CHANGES
( ) APPROVED ( ) NOT APPROVED

________________ (signature) ________________ (title) ________ (date)

DOES NEH HAVE TO APPROVE REQUEST OR BE NOTIFIED OF CHANGE? ( ) YES ( ) NO
IF YES, DATE SENT __________

Figure 9–7 *continued*

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SAMPLE IN-KIND CONTRIBUTION REPORT

Report of
SERVICES RENDERED, GOODS DONATED, FACILITIES PROVIDED
to the

(Name of Organization)

Project: ____________________
Donor Organization: ____________________
Address: ____________________
____

Donor's Signature: ____________________ Phone: ____________
Position: ____________________

Date(s) services were performed, goods were donated, or facilities provided for project:
____
____

Services Rendered:			VALUE
by ____________	hours ______		$ ______
by ____________	hours ______		______
by ____________	hours ______		______
by ____________	hours ______		______
by ____________	hours ______		______
Others listed on reverse; amount from reverse:			______
		Total Services	$ ______

Goods Donated:		
Item ____________		$ ______
Item ____________		______
Item ____________		______
Others listed on reverse; amount from reverse:		______
	Total Goods	$ ______

Facilities Provided:		
Place ____________		$ ______
Place ____________		______
Place ____________		______
Place ____________		______
Others listed on reverse; amount from reverse:		______
	Total Facilities	$ ______
	TOTAL VALUE	$ ______

APPROVED BY:

Name: ____________________
Title: ____________________
Date: ____________________

Note: Please attach an explanation of the bases for the valuation of each item and any supporting documentation.

Figure 9–8 *In-kind contribution report.*
Source: National Endowment for the Arts.

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