



**City of Yucaipa Community Activity Grant
Event/Program Summary
Fiscal Year 2015-2016 Grants**

In an attempt to assist all awarded agencies, the City has developed an Event Reporting Financial Worksheet (attached) to ensure consistent and accurate reporting of the awarded agencies use of City funding and/or in-kind services. Along with your Event Reporting Financial Worksheet, please provide the information requested below:

1. **Did the event/program meet the original intended goal?**

2. **If funded in the future, what would the organization do differently?**

3. **What type of feedback did organization received from the participants?**

4. **What other financial/in-kind contributions did the organization seek or receive to fund the event/program (separate from City funding)?**

5. **List the total number of residents served.**

Attach copies of marketing/promotional materials for the event/program.

Notes/comments/additional information: _____

**PLEASE SUBMIT, ALONG WITH EVENT REPORTING FINANCIAL WORKSHEET, TO THE CITY CLERK'S OFFICE
WITHIN ONE MONTH FOLLOWING THE EVENT/PROGRAM**

**City of Yucaipa Community Activity Grant
Event Reporting Financial Worksheet
Fiscal Year 2015-2016 Grants**

***INCLUDE BACK-UP DOCUMENTATION WITH REPORT INCLUDING:
COPIES OF CHECKS, COPIES OF INVOICES/QUOTES**

Name of Organization: _____

Contact Name: _____

Phone Number: _____

Email: _____

Description of Event/Project Funded: _____

Total Cost to Operate Event/Project: \$ _____

Amount Granted by City: \$ _____ Section 1 (Monetary) \$ _____ Section 2 (In Kind)

Justify City Grant *Monetary* Amount: (if applicable)

SECTION 1

Item #	Date	Description (Please be specific. List vendor and purpose for each disbursement related <u>ONLY</u> to the grant amount)	Amount
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

Justify City Grant *In-Kind* Amount: (if applicable)

SECTION 2

Item #	Date	Description (Please be specific. List vendor and purpose for each disbursement related <u>ONLY</u> to the grant amount)	Amount
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

Total Disbursements (Justifying City Grant Monetary and/or In-Kind) Amount: \$ _____

Monetary Grant Funds Remaining: \$ _____

Notes/comments/additional information:

PLEASE MAKE SURE TO PROVIDE BACK-UP RECEIPTS / PROOF OF PAYMENT TO JUSTIFY AMOUNTS AWARDED BY GRANT