DEPARTMENT OF STATE

**DIVISION OF CULTURAL AFFAIRS**

**CULTURAL FACILITIES PROGRAM REPORT FORM**

### Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Grant Award: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Check one:

###  🞏 First Progress Report due 1/31/\_\_\_

###  For the period ending 12/31/\_\_\_

###

###  🞏 Second Progress Report due 7/31\_\_\_

###  For the period ending 6/30\_\_\_

###

###  🞏 Third Progress Report due 1/31/ \_\_\_\_

###  For the period ending 12/31\_\_\_

###  🞏 Final Report due 7/15/ \_\_\_

**PROGRESS REPORTS (1, 2, & 3):** Submitted at required intervals (refer to the award agreement). Include cumulative narrative and financial information on the status of the grant as of the end of the reporting period.

**FINAL REPORT:** Due 45 days after grant and match have been expended, but no later than July 15th of the fiscal year following the fiscal year in which the grant was awarded. The report includes a final cumulative narrative, final cumulative financial data on the expenditures of grant and match funds, and photos of the completed project including the sign that acknowledges grant funding.

1. **WORK ACCOMPLISHED** (In accordance with the project narrative in Attachment A and project budget in Attachment B) [insert character limit]

**II. SCHEDULE OF EXPENSES AND INCOME** (in accordance with Project Budget (Attachment B)

**A.** **EXPENSES (Actually PAID, not projected or encumbered**. This itemization is cumulative and corresponds to the narrative in Section 1 of this report)

 MATCH STATE

LAND ACQUISITION \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

BUILDING ACQUISITION \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

ARCHITECTURAL SERVICES \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL REQUIREMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

SITE CONSTRUCTION \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

CONCRETE \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

MASONRY \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

METALS \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

WOOD AND PLASTIC \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

THERMAL AND MOISTURE PROTECTION \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

DOORS AND WINDOWS \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

FINISHES \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIALTIES \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

EQUIPMENT \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

FURNISHINGS \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL CONSTRUCTION \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

CONVEYING SYSTEMS \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

##### MECHANICAL \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

ELECTRICAL \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBTOTALS OF EXPENSES** \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PROJECT EXPENDITURES: MATCH+STATE**

(Should equal the total project income in final reports)

**B. INCOME (Actually RECEIVED to date)**

# CULTURAL FACILITIES PROGRAM (**State funds received from this grant**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MATCHING FUNDS RECEIVED

 Total Private Support (Cash) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total In-Kind Private Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Corporate Support (Cash) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total In-Kind Corporate Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Local Government Support (Cash) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total In-Kind Government Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Federal Government Support (Cash) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total In-Kind Federal Government Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL MATCH** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PROJECT INCOME** (TPI = match received + grant funds received)

(Note: For the interim report, income and expenditure may not be equal. **In the final report, TPI must equal the total project expenditures**).

### III. JOBS CREATED

Please indicate the number of jobs created by this project for your institution: \_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the number of jobs created by this project for your contractor/sub-contractors/architects: \_\_\_\_\_\_\_\_\_\_\_\_\_

### IV. AUDIT

## Each nonstate entity that expends a total amount of state financial assistance equal to or in excess of $750,000 in any fiscal year of such nonstate entity shall be required to have a state single audit for such fiscal year in accordance with the requirements of s. 215.97, *Florida Statutes*.

## Please check the following as appropriate:

## ❒ I have not expended more than $750,000 in Total State Financial Assistance from the State of Florida for my organization’s fiscal year ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## ❒ I have expended more than $750,000 in Total State Financial Assistance from the State of Florida for my organization’s fiscal year ending \_\_\_\_\_\_\_\_\_\_\_\_\_ and understand that I am required to submit an audit to the Division of Cultural Affairs under the State Single Audit Act (s. 215.97, *Florida Statutes*).

**IV. SIGNATURES** (For all reports, the name of the person signing as the Organization Head must also appear on the Assurance of Compliance and Signature Authorization Form.)

I affirm, under penalty of perjury, that this report presents an accurate and complete description of the grant activity within the report dates above, and that the conditions of the grant have been complied with.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Organization Head** (Must also appear Typed Name and Title

on Assurance of Compliance and Signature Authorization

Form filed with the Division) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**IV. Customer Service Feedback:** (required)

Good customer service is important to the Division. Please let us know the quality of service you received during this grant period.

The quality of this service was:

1 – Poor: it needs a great deal of improvement

2 – Fair: it needs some improvement

3 – Good: it is satisfactory

4 – Excellent: a standard for others

\_\_\_\_\_\_ Email and/or telephone staff assistance was timely.

\_\_\_\_\_\_ Staff was knowledgeable.

\_\_\_\_\_\_ Staff was courteous.

\_\_\_\_\_\_ Staff was helpful in providing requested information.

\_\_\_\_\_\_ Overall quality of service.

Additional comments are welcome: