

Mail Original Report To:
_____, Grant Manager
Grants Program
Bureau of Historic Preservation
500 South Bronough Street
Tallahassee, Florida 32399-0250

**DIVISION OF HISTORICAL RESOURCES
ACQUISITION & DEVELOPMENT (A&D) PROJECTS – STATE FUNDED**

PROJECT PROGRESS & EXPENDITURE REPORT

GRANT NO.: _____

REPORTING PERIOD

(Please check one)

- 1ST/ July-Sept.** **2nd/ Oct.-Dec.** **3rd/ Jan.-March** **FINAL/ April-June**
Due Oct. 31 **Due Jan. 31** **Due April 30** **Due July 31**

Grantee Name (Organization): _____

Project Title: _____

Grant Award Amount: \$ _____

Required Match Amount \$ _____

(REDI projects do not require match):

Grant Award Agreement Beginning Date:

Required Date of Project Initiation:

Required Date of Project Completion:

Payment Disbursement Method Chosen in GAA: **Reimbursement** **Advanced**

Are you requesting grant payment at this time? Check Yes OR No

If “Yes,” please submit a signed **Payment Request Form**. This form was included in your Grant Award Packet and is available online at: <http://www.flheritage.com/grants/info/reports/>. Original signatures only. No faxed or emailed copies. Please see page 4 of this report for additional instructions.

Project Manager Information. (Please update as needed.)

Has this information changed? Check **Yes** or **No**

Grant Contact (Project Manager): _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Fax Number: _____

E-mail address: _____

Progress and Expenditure Report Instructions

The following is required from the Grantee for each Progress & Expenditure (P&E) Report:

A. Expenditure Reporting (pages 5-11):

1. Reporting Period Summary (page 5)

- Enter your total Grant Funds claimed for this reporting period.
- Enter your Total Match claimed for this period.
- Enter the sum of your total Grant Funds claimed and your Total Match claimed to show your Total Amount Claimed for the reporting period.

2. Cumulative Summary (page 5)

- Enter the total Cumulative Grant Funds you have claimed for the duration of this entire grant.
- Enter the total Cumulative Total Match claimed for the duration of this entire grant.
- Enter the sum of your Cumulative Grant Funds and your Cumulative Match claimed to show your Cumulative Amount Claimed to date.

3. Interest (page 5)

- When grant funds are Advanced to a Grantee organization, the funds must be deposited in a separate interest-bearing account. Please report the interest earned during each reporting period and remit the entire amount of interest earned with your Final Progress & Expenditure Report. Remittance of interest funds is a required component for final payment of grant funds and grant close-out.
- Enter the rate at which the advanced payment funds earned interest.
- Enter the total amount of interest earned on advanced funds.
- Interest on advanced grant funds must be remitted in a single payment with the Final Report. Make interest checks payable to The Florida Department of State.
- Attach bank statements or other documentation to verify and document any interest earned with this report.
- Please note that the interest earned on advanced funds cannot be claimed as a Grant Funds expenditure.

4. Certification (page 5)

This report must be completed, signed, and dated by the grant Project Manager or another duly authorized project representative. Original signatures only. Please sign in ink. No Photocopies, faxes or e-mails. PLEASE SEND ORIGINAL REPORT BY REGULAR MAIL.

5. Grant Funds Claimed (page 6-7)

- Grant Funds claimed must relate directly to your grant's Approved Scope of Work (ASW). The explanation for the purpose of the expenditure must show a clear connection to your grant's ASW. Please state which components of the ASW each expenditure relates to. (For example, Purpose of Expenditure = paint for repainting of roof trim; Related Scope of Work Component= "**B. repair and repainting of roof**") The Approved Scope of Work is located on the first page of the Historic Preservation Grant Award Agreement (HPGAA).
- Documentation **must** be attached with this report to verify **all** cash expenditures. For each expenditure, attach **both** (1) an invoice for the work AND (2) verification of payment (cancelled/processed checks/bank statements/ledger sheets). Both invoices and verification of payment must be provided for each amount claimed in order for the grant manager to approve the expenditure.
- Make certain all cash expenditures claimed are for work done during this reporting period.
- The dates of receipt of services and/or goods must be indicated on invoices.
- Proof of payment is not required for request of the 10% retainage amount, but in order for the grant to be closed, proof of payment must be submitted to the Division within 30 (thirty) days after the date of issuance of the state warrant for the final grant payment.

6. Match Claimed (pages 8-11)

- All Match claimed must relate directly to your grant's Approved Scope of Work (ASW). The explanation for the purpose of donation claimed must show a clear connection to your grant's ASW. Please state which work items of the Approved Scope of Work the claim is related to. (For example: Purpose of Expenditure= paint for repainting of roof trim. Scope of Work Item= "**B. repair and repainting of roof.**") The Approved Scope of Work is located on the first page of your Historic Preservation Grant Award Agreement (HPGAA).
- Documentation **must** be attached with this report to verify **all** Match claimed. For each donation contributed, attach either (1) a signed invoice for the work or (2) a signed letter certifying the donation. This documentation must be provided for each donation in order for the grant manager to approve the claim.

6A. Cash Match (page 8)

- Cash Match claimed must relate directly to your grant's Approved Scope of Work (ASW). The explanation for the purpose of the expenditure must show a clear connection to the ASW. Please state which components of the ASW each expenditure relates to. (For example, Purpose of Expenditure = paint for repainting of roof trim; Related Scope of Work Component = "**B. repair and repainting of roof**") The Approved Scope of Work is located on the first page of the Historic Preservation Grant Award Agreement (HPGAA).
- Documentation **must** be attached with this report to verify **all** cash expenditures. For each expenditure, attach **both** (1) an invoice for the work AND (2) verification of payment (cancelled/processed checks/bank statements/ledger sheets). Both invoices and verification of payment must be provided for each cash expenditure in order for the grant manager to approve the expenditure.
- Make certain all cash expenditures claimed are for work done during this reporting period.

6B. In-Kind Services (page 9)

- Donated services must be directly related to the project's Approved Scope of Work.
- Make certain all services were donated within the reporting period.

6C. Donated Materials (page 10)

- Donated materials must be directly related to the project's Approved Scope of Work.
- Make certain all materials were donated within the reporting period.

6D. Volunteer Labor (page 11)

- All Volunteer Labor contributions must be documented in detail and contributions listed must be allocated to one or more of the work items within the ASW.
- Attach a signed statement from the volunteer(s) or a signed Volunteer Log indicating the date(s) of work, describing the work accomplished, and valuing the contribution.
- Except as noted below, Volunteer Labor contributions shall be valued at the **State of Florida Minimum Wage rate in effect at the time of contribution.**
- Volunteer mileage must be calculated at current mileage rate. Destination, purpose and dates of travel, and number of miles driven must be listed on a Mileage Log that is signed by the volunteer(s) and Project Manager.

Exception: If the volunteer is performing labor for which he or she is routinely paid, the contribution shall be valued at his or her salary. The higher value of such contributions must be documented by a letter from the volunteer indicating the salary he or she is paid for the same type of work as that contributed to the Project. This letter must also be signed by the Project Manager. Documentation for these volunteers (signed Volunteer Log) is the same as for those whose contributions must be valued at the Minimum Wage.

Volunteer mileage must be calculated at the current mileage rate. Destination, purpose and dates of travel, and number of miles driven must be listed on a Mileage Log that is signed by the volunteer(s) and Project Manager.

7. Administrative Costs

Administrative expenditures that are directly attributable to management and oversight of the grant-assisted Project and to meeting the reporting and associated requirements of the Historic Preservation Grant Award Agreement are eligible grant expenditures or match contributions. Indirect costs and overhead are not allowable project costs, except as allowed in *Subsection 1A-39.005(9), Florida Administrative Code*. The aggregate of allowable administrative costs (whether from grant funds or match contribution) may not exceed 10% of the grant award amount.

8. Travel

Project-specific travel costs will be allowed if requested and approved during the application review process and if included in the Approved Scope of Work. If travel is approved, the Grantee shall be authorized to incur travel expenses for airfare, vehicle rental, mileage and lodging to be reimbursed in accordance with *Section 112.061, Florida Statutes*. *Per diem* or other reimbursement for meals is not an allowable grant expenditure or contribution to the required match

9. Florida's Single Audit Act

After review of your organization's expenditure of state grant funds (all sources), if you answer "yes" to the two questions in this section, your organization will be responsible for an audit consistent with the requirements of the Florida Single Audit Act and the Florida Auditor General. A copy of the required audit must be submitted to the Division (through your grant manager) within six months following the close of the Grantee's fiscal year, or within six months of the ending of the grant period. All audits or attestations must cover each of the Grantee's fiscal years for which grant funds were received or expended under this Agreement.

10. Progress Reporting: (pages 12-16)

Please describe all grant-related progress and work completed during this period in this section.

- If you report any construction work for this period, please include photos documenting the construction work described with this report.
- If this is your Final P&E Report, please complete items 4, 5, and 6 on page 14 and please have a duly authorized project representative sign the completed project Attestation on page 15. If this is not your Final P&E Report, you are not required to complete pages 14 and 15.

11. Submitting the Report

Please mail your completed report to the grant manager indicated on the cover page of this report. PLEASE DO NOT EMAIL OR FAX THE REPORT. Only reports with original signatures in ink will be accepted. Reports must be postmarked by the required date for submission.

12. Payment Requests

To request a grant payment, please submit a signed and completed Payment Request Form (DOS Form HR3E1208PRF, effective (date adopted), 2009). This form was included in your Grant Award Packet and is also available at our website, <http://www.flheritage.com/grants/info/reports/>. Please submit this form for both Advanced and Reimbursement Requests. Please mail a signed hard copy of this form to your grant manager. No faxed or emailed versions will be accepted. Please see your Grant Award Agreement for grant progress benchmarks required for the approval of release of grant funds and other procedures pertaining to grant payments.

A. Expenditure Report

1. REPORTING PERIOD SUMMARY

- A. Grant Funds expended this period \$ _____
- B. Match Contributed this Reporting Period
 - (1) Cash Match expended \$ _____
 - (2) Value of In-Kind Services contributed \$ _____
 - (3) Value of Donated Materials contributed \$ _____
 - (4) Value of Volunteer Labor contributed \$ _____
- Total Match claimed this period \$ _____
- C. Total Amount Claimed for this period \$ _____

2. CUMULATIVE SUMMARY:

- A. Total Grant Funds expended to date \$ _____
- B. Total Match expended to date \$ _____
- C. Total Expenditures to date \$ _____

3. INTEREST:

- A. Interest Earned on Advanced Payment funds this period \$ _____
- B. Interest Rate _____%
- C. Total Interest Earned to date \$ _____
- D. Total Interest Payment submitted with Final Report
Check # _____ Amount: \$ _____ Date: _____

Please attach copies of bank statements or other documentation to verify the interest earned on Advanced Payment funds. The total amount of interest funds earned must be returned to the state at the end of the grant project. Please submit the interest check with the final Progress & Expenditure Report. Please make this check payable to The Florida Department of State.

4. REPORT CERTIFICATION:

I affirm, under penalty of perjury, that this report represents an accurate and complete description of the grant activity within the report dates above, that the organization I represent will comply with the requirements of the Florida Single Audit Act, and that the conditions of the grant, as set forth in the Historic Preservation Grant Award Agreement, have been complied with.

Signature of Grant Project Manager

Signature of person completing this from (if not Grant Project Manager)

Date

Date

Printed Name and Title

Printed Name and Title

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5. GRANT FUNDS EXPENDED THIS REPORTING PERIOD:

1 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

2 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

3 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

4 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

5 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

6 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASOW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

Please continue total on next page →

5. GRANT FUNDS EXPENDED THIS REPORTING PERIOD (CONTINUED):

7 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

8 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

9 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

10 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

11 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		Documentation Submitted for Claim (both are required):
Vendor Name :		Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____	Invoice Date: ___/___/___	Invoice Amount: \$ _____
Check #: _____	Check Date: ___/___/___	Check Amount: \$ _____
		Amount Claimed \$ _____

*The purpose of each expenditure must be stated clearly and in sufficient detail for the Division to determine that the expenditure matches an approved work item in the Approved Scope of Work in Section 1 of the Historic Preservation Grant Award Agreement. Attach copies of invoices and corresponding cancelled checks (or equivalent documentation as approved by the Division) for all grant funded expenditures listed above. Please organize and label these attachments appropriately.

Please attach additional pages as necessary.

TOTAL **AMOUNT CLAIMED** FOR GRANT FUNDS:

\$ _____

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6. MATCHING VALUES FOR THIS REPORTING PERIOD:

A. CASH MATCH EXPENDED THIS REPORTING PERIOD

1 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)	ASW Work Item(s) (ex: B. Painting):
	Documentation Submitted for Claim (both are required):
Vendor Name :	Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____ Invoice Date: ___/___/___ Invoice Amount: \$ _____ Check #: _____ Check Date: ___/___/___ Check Amount: \$ _____	Amount Claimed \$ _____

2 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)	ASW Work Item(s) (ex: B. Painting):
	Documentation Submitted for Claim (both are required):
Vendor Name :	Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____ Invoice Date: ___/___/___ Invoice Amount: \$ _____ Check #: _____ Check Date: ___/___/___ Check Amount: \$ _____	Amount Claimed \$ _____

3 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)	ASW Work Item(s) (ex: B. Painting):
	Documentation Submitted for Claim (both are required):
Vendor Name :	Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____ Invoice Date: ___/___/___ Invoice Amount: \$ _____ Check #: _____ Check Date: ___/___/___ Check Amount: \$ _____	Amount Claimed \$ _____

4 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)	ASW Work Item(s) (ex: B. Painting):
	Documentation Submitted for Claim (both are required):
Vendor Name :	Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____ Invoice Date: ___/___/___ Invoice Amount: \$ _____ Check #: _____ Check Date: ___/___/___ Check Amount: \$ _____	Amount Claimed \$ _____

5 PURPOSE OF EXPENDITURE and its relation to your Approved Scope of Work (ASW)	ASW Work Item(s) (ex: B. Painting):
	Documentation Submitted for Claim (both are required):
Vendor Name :	Invoice <input type="checkbox"/> Proof of Payment <input type="checkbox"/>
Invoice #: _____ Invoice Date: ___/___/___ Invoice Amount: \$ _____ Check #: _____ Check Date: ___/___/___ Check Amount: \$ _____	Amount Claimed \$ _____

The purpose of each expenditure must be stated clearly and in sufficient detail for the Division to determine that the expenditure matches an approved work item in the Approved Scope of Work in Section 1 of the Historic Preservation Grant Award Agreement. Attach copies of invoices and corresponding cancelled checks (or equivalent documentation as approved by the Division) for all matching expenditures listed above. Please organize and label these attachments appropriately.

Please attach additional pages as necessary.

TOTAL AMOUNT CLAIMED FOR CASH MATCH: \$

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B. IN-KIND SERVICES CONTRIBUTED THIS PERIOD:

1 PURPOSE OF IN-KIND SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Contributor Name :		Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) of donation:	Fair market value of donation: \$ _____	Amount Claimed \$

2 PURPOSE OF IN-KIND SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Contributor Name :		Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) of donation:	Fair market value of donation: \$ _____	Amount Claimed \$

3 PURPOSE OF IN-KIND SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Contributor Name :		Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) of donation:	Fair market value of donation: \$ _____	Amount Claimed \$

4 PURPOSE OF IN-KIND SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Contributor Name :		Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) of donation:	Fair market value of donation: \$ _____	Amount Claimed \$

5 PURPOSE OF IN-KIND SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Contributor Name :		Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) of donation:	Fair market value of donation: \$ _____	Amount Claimed \$

All In-Kind Services contributions must be documented in detail. Please attach a signed statement or invoice from the person or firm providing the service describing the services provided and valuing them. This statement must clearly indicate the basis for the value indicated (for example, the number of hours contributed x the contributor's standard fee) and must clearly indicate that the services provided (in whole or in part) were a contribution to the Project. Overhead allowances are not acceptable as match. Please see the report instructions for further information.

Please attach additional pages as necessary.

TOTAL AMOUNT CLAIMED FOR IN-KIND SERVICES MATCH: \$

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C. DONATED MATERIALS CONTRIBUTED THIS PERIOD:

1 PURPOSE OF DONATED MATERIAL and its relation to your Approved Scope of Work (ASW)			ASW Work Item(s) (ex: B. Painting):
			REQUIRED Documentation for Claim:
Name of individual donating services: _____ Profession (if claiming professional rate): _____			Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) worked:	Total hours worked:	Hourly rate: \$ _____	Amount Claimed: \$

2 PURPOSE OF DONATED MATERIAL and its relation to your Approved Scope of Work (ASW)			ASW Work Item(s) (ex: B. Painting):
			REQUIRED Documentation for Claim:
Name of individual donating services: _____ Profession (if claiming professional rate): _____			Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) worked:	Total hours worked:	Hourly rate: \$ _____	Amount Claimed: \$

3 PURPOSE OF DONATED MATERIAL and its relation to your Approved Scope of Work (ASW)			ASW Work Item(s) (ex: B. Painting):
			REQUIRED Documentation for Claim:
Name of individual donating services: _____ Profession (if claiming professional rate): _____			Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) worked:	Total hours worked:	Hourly rate: \$ _____	Amount Claimed: \$

4 PURPOSE OF DONATED MATERIAL and its relation to your Approved Scope of Work (ASW)			ASW Work Item(s) (ex: B. Painting):
			REQUIRED Documentation for Claim:
Name of individual donating services: _____ Profession (if claiming professional rate): _____			Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) worked:	Total hours worked:	Hourly rate: \$ _____	Amount Claimed: \$

5 PURPOSE OF DONATED MATERIAL and its relation to your Approved Scope of Work (ASW)			ASW Work Item(s) (ex: B. Painting):
			REQUIRED Documentation for Claim:
Name of individual donating services: _____ Profession (if claiming professional rate): _____			Invoice/Signed Statement <input type="checkbox"/> Basis for Value <input type="checkbox"/>
Date(s) worked:	Total hours worked:	Hourly rate: \$ _____	Amount Claimed: \$

All Donated Materials contributions must be documented in detail. Please attach a signed statement or invoice from the contributor describing the materials donated and valuing them. This statement must clearly indicate the basis for the value indicated (for example, current retail price of equal materials) and must clearly indicate that the materials donated were a donation to the Project. Please see the report instructions for further information.

Attach additional pages as necessary

TOTAL AMOUNT CLAIMED FOR DONATED MATERIALS MATCH: \$

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D. VOLUNTEER LABOR CONTRIBUTED THIS PERIOD:

1 PURPOSE OF VOLUNTEER SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Volunteer Name :		Signed Volunteer Log <input type="checkbox"/>
Date(s) of work:	Total hours worked:	Amount Claimed \$

2 PURPOSE OF VOLUNTEER SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Volunteer Name :		Signed Volunteer Log <input type="checkbox"/>
Date(s) of work:	Total hours worked:	Amount Claimed \$

3 PURPOSE OF VOLUNTEER SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Volunteer Name :		Signed Volunteer Log <input type="checkbox"/>
Date(s) of work:	Total hours worked:	Amount Claimed \$

4 PURPOSE OF VOLUNTEER SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Volunteer Name :		Signed Volunteer Log <input type="checkbox"/>
Date(s) of work:	Total hours worked:	Amount Claimed \$

5 PURPOSE OF VOLUNTEER SERVICE and its relation to your Approved Scope of Work (ASW)		ASW Work Item(s) (ex: B. Painting):
		REQUIRED Documentation for Claim:
Volunteer Name :		Signed Volunteer Log <input type="checkbox"/>
Date(s) of work:	Total hours worked:	Amount Claimed \$

All Volunteer Labor contributions must be documented in detail. Please attach a signed statement or invoice from the person providing the volunteer labor describing the work accomplished and valuing the donation. Except as noted below, Volunteer Labor contributions shall be valued at the current Florida Minimum Wage rate (\$7.25). If the volunteer is performing labor for which he or she is routinely paid, the contribution shall be valued at his or her salary. Volunteer Labor contributions at a rate higher than minimum wage must be documented by a letter from the volunteer also signed by the Project Manager. Please see the report instructions for further information.

Attach additional pages as necessary

TOTAL AMOUNT CLAIMED FOR VOLUNTEER LABOR MATCH:

\$

B. Progress Reporting

1. PROJECT STATUS:

Please check all project work undertaken during this grant period in the boxes below:

<input type="checkbox"/> Project Planning or Research	<input type="checkbox"/> Advertising for or Selection of Architect, Engineer, or Consultant	<input type="checkbox"/> Architectural Planning: In progress <input type="checkbox"/> Completed <input type="checkbox"/>	<input type="checkbox"/> Advertising for or receipt of Bids for Contractor or Construction Manager selection
<input type="checkbox"/> Construction: In progress <input type="checkbox"/> Completed <input type="checkbox"/>	<input type="checkbox"/> No project-related work undertaken this reporting period	<input type="checkbox"/> Other Project-related activities (describe): _____ _____	<input type="checkbox"/> Grant Project Completed

2. PROJECT STATUS:

Describe all grant project progress for the period in greater detail here. For construction projects, you must attach progress photos of the work described with this report.

3. DELIVERABLES SUBMITTED WITH THIS REPORT or DURING THIS REPORTING PERIOD:

___ REQUIRED Project Schedule

___ Copies of REQUIRED professional service/contractor selection documentation (RFP, bid notices, results of bids, etc.).

Indicate type of work:

- ___ architectural
- ___ engineering
- ___ construction manager
- ___ construction
- ___ other: _____

Type of selection documentation submitted:

___ Draft copy of contract(s) for professional services/contractor for REQUIRED Departmental review and approval.

Indicate type of work:

- ___ architectural
- ___ engineering
- ___ construction manager
- ___ construction
- ___ other: _____

___ REQUIRED Approved executed copy of contract(s) for professional services/contractor.

Indicate type of work:

- ___ architectural
- ___ engineering
- ___ construction manager
- ___ construction
- ___ other: _____

___ Draft Products (Preservation Plans, Architectural Drawings, etc.) for REQUIRED Department review and approval. Description of draft product(s) submitted:

3. DELIVERABLES SUBMITTED WITH THIS REPORT or DURING THIS REPORTING PERIOD, *continued*:

_____ Final Products (Preservation Plans, Architectural Drawings, etc.)
Description of final product(s) submitted:

_____ Progress Photos/ Images for construction projects for REQUIRED Departmental review and approval

_____ News Releases

_____ Photo/ Image of Installed REQUIRED Project Sign (for construction/excavation projects only)

_____ Other: _____

Additional Progress Information Required for Final Report Only:

4. Describe all cumulative project work accomplished and indicate any variations from what was originally planned.

5. Describe the differences between original costs estimates and actual costs.

6. Describe the economic benefit achieved from this project.

7. FLORIDA SINGLE AUDIT ACT

- A. Are you a non-state entity? CIRCLE ONE
Yes No
- B. Did you expend \$500,000 or more in State funds (from all sources) during the fiscal year (your organization's fiscal year) in which you expended funds from this grant? Yes No

If you answered "yes" to both questions, State law requires that you comply with the Florida Single Audit Act, sections 215.97(2)(a) and 215.97(8)(a), *Florida Statutes*. More information is available on the Florida Auditor General website www.state.fl.us/audgen/.

Signature of Authorized Official/Organization Head Date

Print Name, Title

8. ENCUMBRANCE

Section 2 of the Historic Preservation Grant Award Agreement (HPGAA) requires that all grant funds be encumbered under terms of a binding contractual agreement by November 1. Is your grant fully encumbered at this time? CIRCLE ONE: Yes No

Please Explain:

9. FOR FINAL REPORT ONLY

Signature of Authorized Official/Organization Head Date

Print Name, Title

10. ATTACHMENTS TO THIS REPORT:

● Remember to attach **label** all required documentation to this report. Please list the items you have attached below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Thank you for submitting your grant's Progress and Expenditure Report to the Florida Department of State.