

Mail Completed Report to:

Forms are available online at:

<http://www.flheritage.com/grants>

\_\_\_\_\_, Grant Manager

Grants Program  
Bureau of Historic Preservation  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

**DIVISION OF HISTORICAL RESOURCES  
ABBREVIATED HISTORIC PRESERVATION PROJECT – STATE FUNDED  
(Main Street, Historical Markers)**

**PROJECT PROGRESS & EXPENDITURE REPORT  
GRANT NO. \_\_\_\_\_**

**REPORTING PERIOD**

(PLEASE CHECK ONE)

1<sup>st</sup>/ July-Sept.  
Due Oct. 31

2<sup>nd</sup>/ Oct.-Dec.  
Due Jan. 31

3<sup>rd</sup>/ Jan.-March  
Due April 30

FINAL/April-June  
Due July 31

\*Historical Markers submit Final Report only

Grantee Name (Organization): \_\_\_\_\_

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

Grant Award Amount: \$\_\_\_\_\_

Match Amount: \$\_\_\_\_\_

Grant Award Agreement Beginning Date:

Date of Initiation of Project Work:

Project Completion Date:

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 2 of this report for additional instructions.

**Please fill out Project Contact Information. Check if this is updated information**

**Project Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Daytime Phone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_

## Expenditure Report Instructions Documentation Procedures

The following information is required from the Grantee for each Progress & Expenditure Report. Please read all Documentation Procedures before preparing the Expenditure Report. Back-up documentation must accompany this report, and grant related financial records must be retained for five years after the end of the grant period or until the completion of any audit or litigation initiated before the end of the five year period.

**1. Reporting Period Summary**

Enter your total cash expenditures for this reporting period. Cash expenditures must be itemized on the Cash Outlay Sheet.

**2. Cumulative Summary**

Enter the total cash you have expended to date.

**3. Certification.** To be signed and dated by authorized person. **Original signatures in ink only. Please do not FAX or Email your report. Please send original report by regular mail.**

**4. Cash Outlay**

**A.** List the information in the proper column.

**B.** Verification of payment must be attached to document all grant fund expenditures. Please attach paid invoices, a copy of the cancelled check, vendor logs, ledger sheets or bank statements for each expenditure claimed.

**C.** The purpose of each expenditure must be stated clearly and in sufficient detail for the Division to determine if the expenditure is allowable. The dates of receipt of services and/or goods must be indicated on invoices.

**D.** In listing paid employees, be aware that the amount claimed may be greater than the amount of the employee's check since you are allowed to claim gross salary plus employers FICA and any benefit package you provide to employees.

**E.** 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.

**5. 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.

**6. Payment Requests**

To request a grant payment, please submit a signed and completed Payment Request Form (DOS Form HR3E1208PRF, effective (date of adoption), 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.

**Expenditure Report**

1. **REPORTING PERIOD SUMMARY (TOTAL FOR THIS PERIOD ONLY):**

Cash Outlay expended this period \$ \_\_\_\_\_

2. **CUMULATIVE SUMMARY (TOTAL ALL PERIODS):**

Total Cash Outlay expended to date \$ \_\_\_\_\_

3. **CERTIFICATION:**

I certify that to the best of my knowledge the information reported herein is correct, that all goods and services invoiced have been received, and that all outlays were made in accordance with grant conditions.

\_\_\_\_\_  
Signature of Authorized Person  
(Please sign in ink. Original Signatures Only Please.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name, Title

\_\_\_\_\_  
Name of person filling out report (if different from above)

**Florida Single Audit Act**

A. Are you a non-state entity? 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/](http://www.state.fl.us/audgen/).

\_\_\_\_\_  
Signature of Authorized Person  
(Please sign in ink. Original Signatures Only Please.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name, Title

\_\_\_\_\_  
Name of person filling out report  
(if different from above)



**PROGRESS REPORT**  
(This Quarter)

**PROJECT STATUS**

**Please describe in detail the Project Work that was undertaken during this reporting period:**

**UNUSUAL CIRCUMSTANCES**

**Describe any situations that may have impeded your progress during this quarter:**

**DELIVERABLES SUBMITTED THIS PERIOD**

- News Releases
- Photographs (Historical Markers)
- Other (Please list)

**FINAL REPORT**

**Describe in detail the overall project work accomplished and indicate any variations from that originally planned:**

**Describe the differences between original costs estimates and actual costs:**

**Describe the economic benefit achieved from the project:**

Number of paid person hours worked:

Number of employees working on project (not volunteers):

Total payroll:

**Attestation Statement**  
**(Final Report Only)**

I attest, under penalties of perjury, that his organization has complied with the provisions of the grant and that all information reported to the Florida Department of State, Division of Historical Resources is correct.

\_\_\_\_\_  
Signature of Duly Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of Duly Authorized Representative