

Mail Completed Report to:

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_____, Grant Manager

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

**DIVISION OF HISTORICAL RESOURCES
SURVEY & PLANNING/COMMUNITY EDUCATION PROJECTS – STATE FUNDED**

**PROJECT PROGRESS & EXPENDITURE REPORT
GRANT NO. _____**

REPORTING PERIOD

(PLEASE CIRCLE ONE)

1st/ July-September

Due Oct. 31

2nd/ Oct.-Dec.

Due Jan. 31

3rd/ Jan.-March

Due April 30

FINAL/ April-June

Due July 31

Grantee Name (Organization): _____

Project Title: _____

Grant Award Amount: \$ _____

Match Amount: \$ _____

Grant Award Agreement Beginning Date:

Date of Initiation of Project Work:

Project Completion Date:

Disbursement method chosen in Grant Award Agreement: 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 5 of this report for additional instructions.

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

Project Contact: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Fax Number: _____

E-mail address: _____

**Historic Preservation Small Matching Grants - State Funded
Expenditure Report Instructions
Documentation Procedures**

I. Cover Page

The report cover page provides important information for the Grantee and Division grants managers. The first portion of the page provides the address to which the report should be sent, phone number and fax number for the Bureau of Historic Preservation. In the area below this information, we have asked you to indicate what reporting period your organization is submitting the report for. Next is information on your project: the grant number, Grantee name, project title and amount of the grant, required match, critical project dates, and the disbursement schedule elected for the project in the Historic Preservation Grant Award Agreement (HPGAA). The last item on this page identifies and provides contact information for the grantee's Project Manager. The Project Manager was designated by the Grantee in the HPGAA and is the Grantee's representative for all routine administrative matters relating to the grant. **Take this opportunity to update the Project Manager contact information.**

II. Expenditure Report

Please note that detailed backup documentation for all expenditures, in-kind services, donated materials and volunteer labor claimed for the reporting period must accompany each expenditure report. Also, please note that 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

- A.** Enter the total **Grant Funds** expended **this Reporting Period**. This total is from the corresponding Detail Sheet (see Page Seven).
- B.** Enter the **Match Contributions** expended or claimed during this Reporting Period. Itemize these contributions in the four categories indicated: cash, in-kind services, donated materials and volunteer labor. For each type of contribution, attach the corresponding Detail Sheet (see Pages Eight through Eleven) and the supporting documentation indicated. Add the match values for each of the four match categories and enter the total match contribution for this Reporting Period.
- C.** Add the totals from "A" and "B" for the **Total Expenditures/Contributions** claimed in this report.

2. Cumulative Summary

- A.** Enter the **Total Grant Funds** you have expended to date (total of **all** of the grant funds you have spent since the beginning of the grant period).
- B.** Enter the **Total Match Contributions** to date (total of **all** of the match contributions expended or incorporated into the Project since the beginning of the grant period).
- C.** Enter the total amount from "A" and "B" for **Total Expenditures to date**.

3. Interest

- A.** Enter the total amount of interest earned on advanced payment funds this **reporting period**. Please note that interest earned on advanced grant funds must be remitted in a single payment with the Final Report. Please make interest check payable to *The Florida Department of State*. **Please note that the interest earned on advanced funds cannot be claimed as a Grant Funds Expenditure.**
- B.** Enter the rate at which the advanced payment funds earned interest. Please attach copies of bank statements or other comparable documentation to verify the interest earned on advanced grant funds.

III. Grant and Match Expenditure/Contribution Documentation

1. Detail Sheet: Grant Funds Expended this Reporting Period

- A. List the information in the proper columns on page Six of the report.
- B. Information to be provided includes payee/vendor, check number, date of check, payee amount, the work item within the Approved Scope of Work (ASW) to which the expenditure contributes (see Section 1. of the HPGAA), and a brief description of the expenditure and its purpose. The purpose of each expenditure must be stated clearly and in sufficient detail for the Division to determine if it is allowable.
- C. **Required Backup Documentation**
 - (1) Please attach a copy of each vendor's invoice (a "paid" invoice is preferred).
 - (2) Please attach a copy of the appropriate bank statement or cancelled checks to show that the claimed check numbers have been paid.
 - (3) Please attach invoices marked "paid" for those items that were paid for in cash.
 - (4) Please attach itemized invoices for construction services when available to document that the expenditures were within the Approved Scope of Work (ASW).
 - (5) In cases when receipts and canceled checks cannot be provided, alternative documentation of proof of payment shall be provided as determined acceptable by the Division. Examples include: purchase vendor logs, payment ledgers, etc.
 - (6) The dates of receipt of services and/or goods must be indicated on invoices.
 - (7) 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.

2. Detail Sheet: Cash Match Expended This Reporting Period

List the information requested in the form on Page Seven. The purpose of each listed expenditure must be stated clearly and in sufficient detail for the Division to determine that the expenditure matches an approved work item in the ASW. Each expenditure listed must be allocated to an item within the ASW. Attach copies of invoices and corresponding cancelled checks (or equivalent documentation approved by the Division) for all listed Match Cash expenditures.

3. Detail Sheet: In-Kind Services Contributed this Reporting Period

List the information requested in the form on Page Eight. All In-Kind Services contributions must be documented in detail. Each contribution listed must be allocated to an item within ASW. Please attach a signed statement or invoice from the person or firm providing each claimed in-kind services contribution 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 donation to the Project. Each such statement or invoice must also be signed by the Project Manager. Overhead allowances are not acceptable as a contribution to the required match (See below).

4. Donated Materials Contributed this Reporting Period

List the information requested in the form on Page Nine. All Donated Materials contributions must be documented in detail. Each contribution listed must be allocated to an item within ASW. 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 were a donation to the Project. Each such statement or invoice must also be signed by the Project Manager.

5. Volunteer Labor Contributed this Reporting Period

List the information requested in the form on Page Ten. All Volunteer Labor contributions must be documented in detail. All Volunteer Labor contributions listed must be allocated to one or more of the work items within the ASW. Please 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 the contribution.**

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 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.

6. 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.

7. Travel

Project-specific travel costs will be allowed if requested and approved during the application review process and if included in the ASW. 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.

IV. Progress Report

1. Project Status

Please indicate the Project Work that was undertaken during the reporting period. Check all items that are applicable.

2. Description of Project Work

In this section the Grantee must provide a detailed description of the project related work initiated, in-progress and completed during this reporting period.

3. Project Related Documents

In this section the Grantee must describe any project documents submitted to the Division during the reporting period. Indicate the date of submission for each. Draft contracts for consultant, or archaeological research designs, design documents, and documentation of bidding or selection processes are examples of the kinds of documents that must be submitted to the grants manager for Division review and approval prior to execution of implementation.

V. Florida Single Audit Act

If, after review of your organization's expenditure of state grant funds (all sources), 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.

VI. Report Certification

This certification must be signed and dated by the Project Manager. If the Project Progress and Expenditure Report was prepared by someone else, that individual must also sign and date the certification. For the Final Report, in addition to the Project Manager and the individual completing the report (if different from the Project Manager), the certification must be signed by the head of the Grantee organization (board chairperson, president, mayor, agency head).

VII. Final Report Only

Project Work Accomplished

This area of the report is used to provide a detailed description of the project work that was actually accomplished with the grant funds and the required match contribution. Remember that this section is only to be used for the Final Report. For the Final Report, in addition to the Project Manager and the individual completing the report (if different from the Project Manager), the certification must be signed by the head of the Grantee organization (board chairperson, president, mayor, agency).

VIII. 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.

IX. 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.

II. Expenditure Report

1. Reporting Period Summary (enter total amounts from attached Detail Sheets)

- A. Grant funds expended this Reporting 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 contributed this reporting period \$ _____
- C. Total Expenditures claimed in this report \$ _____

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 Reporting Period \$ _____
(Interest earned must be remitted **with the Final Report**. Please make interest checks payable to the **Florida Department of State**)
- B. Rate at which interest was earned: _____ %
Please attach bank statement or equivalent documentation to verify interest earned on advanced grant funds.

III. Expenditure Documentation

Please attach specified documentation to verify all grant expenditures and match contributions claimed in the following Detail Sheets. 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 and match contributions listed below.

1. DETAIL SHEET: GRANT FUNDS EXPENDED THIS REPORTING PERIOD
 (DO NOT CLAIM OR LIST INTEREST EARNED ON ADVANCED FUNDS)

VENDOR NAME	PURPOSE OF EXPENDITURE	ASW ITEM LETTER	DOCUMENTATION ATTACHED	CHECK NUMBER & DATE	AMOUNT CLAIMED
1.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
2.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
3.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
4.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
5.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
6.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
7.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
8.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
9.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
10.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
11.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
TOTAL GRANT FUNDS EXPENDED THIS PERIOD					

Attach additional pages for Grant Funds Expended as necessary.

2. DETAIL SHEET: CASH MATCH EXPENDED THIS REPORTING PERIOD

VENDOR NAME	PURPOSE OF EXPENDITURE	ASW ITEM LETTER	DOCUMENTATION ATTACHED	CHECK NUMBER & DATE	AMOUNT CLAIMED
1.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
2.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
3.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
4.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
5.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
6.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
7.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
8.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
9.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
10.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
11.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
12.			<input type="checkbox"/> Invoice <input type="checkbox"/> Cancelled Check		
TOTAL MATCH FUNDS EXPENDED THIS PERIOD					

Attach additional pages for Cash Match Expended as necessary.

3. DETAIL SHEET: IN-KIND SERVICES CONTRIBUTED THIS REPORTING PERIOD

CONTRIBUTOR	DESCRIPTION OF IN-KIND SERVICES	ASW ITEM LETTER	DOCUMENTATION ATTACHED	DATE OF CONTRIBUTION	VALUE CLAIMED
1.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
2.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
3.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
4.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
5.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
6.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
7.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
8.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
9.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
10.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
11.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
12.			<input type="checkbox"/> Invoice indicating services donated and basis for value		
TOTAL IN-KIND SERVICES CLAIMED THIS PERIOD					

Attach additional pages for In-Kind Services documentation as necessary.

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 donation to the Project. Overhead allowances are not acceptable as match. Please see the report instructions for further information.

4. DETAIL SHEET: DONATED MATERIALS CONTRIBUTED THIS REPORTING PERIOD

DONOR	DESCRIPTION OF DONATED MATERIALS	ASW ITEM LETTER	DOCUMENTATION ATTACHED	DATE OF CONTRIBUTION	VALUE CLAIMED
1.			<input type="checkbox"/> Invoice or letter confirming donation and value		
2.			<input type="checkbox"/> Invoice or letter confirming donation and value		
3.			<input type="checkbox"/> Invoice or letter confirming donation and value		
4.			<input type="checkbox"/> Invoice or letter confirming donation and value		
5.			<input type="checkbox"/> Invoice or letter confirming donation and value		
6.			<input type="checkbox"/> Invoice or letter confirming donation and value		
7.			<input type="checkbox"/> Invoice or letter confirming donation and value		
8.			<input type="checkbox"/> Invoice or letter confirming donation and value		
9.			<input type="checkbox"/> Invoice or letter confirming donation and value		
10.			<input type="checkbox"/> Invoice or letter confirming donation and value		
11.			<input type="checkbox"/> Invoice or letter confirming donation and value		
12.			<input type="checkbox"/> Invoice or letter confirming donation and value		
TOTAL DONATED MATERIALS CLAIMED THIS PERIOD					

Attach additional pages for In-Kind Services documentation as necessary.

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. This documentation must also be signed by the Project Manager. Please see the report instructions for further information.

5. DETAIL SHEET: VOLUNTEER LABOR CONTRIBUTED THIS REPORTING PERIOD

VOLUNTEER NAME	DESCRIPTION OF WORK CONTRIBUTED	ASW ITEM LETTER	DOCUMENTATION ATTACHED	DATE OF WORK	VALUE CLAIMED
1.			<input type="checkbox"/> Signed Volunteer Log		
2.			<input type="checkbox"/> Signed Volunteer Log		
3.			<input type="checkbox"/> Signed Volunteer Log		
4.			<input type="checkbox"/> Signed Volunteer Log		
5.			<input type="checkbox"/> Signed Volunteer Log		
6.			<input type="checkbox"/> Signed Volunteer Log		
7.			<input type="checkbox"/> Signed Volunteer Log		
8.			<input type="checkbox"/> Signed Volunteer Log		
9.			<input type="checkbox"/> Signed Volunteer Log		
10.			<input type="checkbox"/> Signed Volunteer Log		
11.			<input type="checkbox"/> Signed Volunteer Log		
TOTAL VOLUNTEER LABOR CLAIMED THIS PERIOD					

Attach additional pages for Volunteer Labor documentation as necessary.

* **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 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 the contribution. 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 and signed by the Project Manager. Please see the report instructions for further information.**

IV. Progress Report

1. PROJECT STATUS

Please Indicate Below the Project Work that was undertaken during this reporting period:

<input type="checkbox"/> Project Planning or Research	<input type="checkbox"/> Advertising for or Selection of Professional Services (consultants, etc.)	<input type="checkbox"/> Printing or Design Consultation or Solicitation
<input type="checkbox"/> Survey Field Work	<input type="checkbox"/> Other project related activities (Describe)	<input type="checkbox"/> No project related work undertaken or accomplished this period

2. DESCRIPTION OF PROJECT WORK

Please describe in space provided below the project related work undertaken *during this reporting period*.

3. PROJECT RELATED DOCUMENTS

Please list below any additional documents that have been sent to the Department during this reporting period. Please note that the Division staff must review and approve all project specifications, draft contracts for consultant services and draft survey reports or draft educational products. If not submitted previously, available documentation reflecting the current status of your project must be submitted with this report. Documents to be reviewed should be sent to the attention of your Grants Manager at the address on the cover sheet of this report form. Please refer to your HPGAA, Project Schedule or Project Checklist for appropriate deadlines.

V. FLORIDA SINGLE AUDIT ACT

CHECK ONE
Yes No

A. Are you a non-state entity

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

VI. QUARTERLY 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 Designated Project Manager
(Please sign in ink. See Page 3)

Date

Print Name, Title

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

Date

Signature

VII. FOR FINAL REPORT ONLY

1. PROJECT WORK ACCOMPLISHED

Provide a detailed description of the project work actually accomplished and indicate any deviations from that originally planned.

Signature of Authorized Official/Organization Head

Date

Print Name, Title