

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
NON-MATCHING GRANT PROJECTS – STATE FUNDED
(Solicited Projects, REDI Projects)**

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

REPORTING PERIOD

(PLEASE CHECK ONE)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 1 st / July-Sept.
Due Oct. 31 | <input type="checkbox"/> 2 nd / Oct.-Dec.
Due Jan. 31 | <input type="checkbox"/> 3 rd / Jan.-March
Due April 30 | <input type="checkbox"/> FINAL/ April-June
Due July 31 |
|---|--|--|---|

Grantee Name (Organization): _____

Project Title: _____

Grant Award 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 3 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: _____

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.

Detailed 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. Interest

A. 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 this reporting period and remit the entire amount of interest earned with your Final Progress & Expenditure Report. **The remittance of interest funds is a condition of final payment of grant funds.**

B. Enter the rate at which the advanced payment funds earned interest.

C. Enter the total amount of interest earned on advanced funds.

D. Attach bank statements or other approved documentation to verify and document any interest earned. Make interest check payable to The Florida Department of State.

4. Certification. To be signed and dated by authorized person. **Original Signatures In Ink Only. Please do not FAX or Email your report - send original by mail.**

5. Cash Outlay

A. Itemize your costs in the proper column. (NOTE: Mileage is at current mileage rate. See **G.** below for Travel.)

B. Verification of payment must be attached to document all grant fund expenditures. Please attach paid invoices, a copy of the cancelled check, or vendor sheets for each expenditure claimed. A copy of the bank statement that shows the check has been paid may be used to verify payment as an alternative to the copy of the cancelled check. The dates of receipt of services and/or goods must be indicated on invoices.

C. The purpose of each expenditure must be stated clearly and in sufficient detail for the Division to determine if the expenditure is allowable.

D. 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.

- E. 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. If the hourly rate listed is above Florida minimum wage attach a signed statement from the person providing the service listing his/her qualifications to justify the higher donated value rate.
- F. 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.
- G. 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.

6. 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.

7. 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 expended this period \$ _____

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

Total Cash expended to date \$ _____

3. **INTEREST:**

A. Interest earned on advanced payment funds this period \$ _____

B. Interest Rate _____%

C. Total Interest Earned to date \$ _____

Please attach copies of bank statements or other approved documentation to verify the interest earned on surplus advanced payment funds. The total amount of interest funds earned should be returned to the state at the end of the grant project. Please submit the interest check with the Final Progress & Expenditure Report and make the check payable to The Florida Department of State.

4. **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)

Attach additional pages for Cash Outlay as necessary.

Progress Report

For Project Progress Reports submitted for all reporting periods other than the final, please answer or provide information for all of the following items except those marked FINAL REPORT ONLY. For the final report, please respond to all items.

1. PROJECT STATUS

Please Check 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 (archaeologists, consultants, etc.)	<input type="checkbox"/> Advertising for or Selection of Contractors for Printing or Design Services	<input type="checkbox"/> Historic Structures Field Work	<input type="checkbox"/> Archaeological Field Work
<input type="checkbox"/> Report Writing	<input type="checkbox"/> Other project related activities. Please describe	<input type="checkbox"/> No project related work undertaken or accomplished this period		

2. DELIVERABLES SUBMITTED THIS PERIOD

- Copy of selection process documentation (RFP, bid notices, results of bids, etc.) for professional services such as consultants, etc.
- Draft copy of contract(s) for professional and services for review and approval.
- Approved fully executed copy of contract(s) for professional services.
- Copies of Draft Products (Plans, Reports, Brochures) for review and approval
- News Releases
- Grantee Staff and/or Volunteers (attach list of names, positions, and pay scales).
- Final Report / Product
- Other (Please list)

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/.

Signature of Duly Authorized Representative

Date

Grant Number _____

Grant Award Amount _____

**If this is a Survey Project, please go to the
Attestation Statement at the end of the report.**

Non-Survey Grants Only – Final Report

3. Describe in detail the project work accomplished and indicate any variations from the originally planned project.

Number of workshops: _____

Number of attendees: _____

Number of copies of Final Products produced: _____

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

5. Describe the economic benefit achieved from the project.

Number of paid person hours worked: _____

Number of employees working on project (not volunteers): _____

Total payroll: _____

Please continue to the Attestation Statement on the next page.

Attestation Statement
(Final Report Only)

I attest, under penalties of perjury, that this 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

Grant Number _____

Grant Award Amount _____