

Mail Completed Report to:

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

P&E Reports available online at:
<http://www.flheritage.com/grants/info/reports/>

Your Grant Manager is: Name

Telephone: (850) 245-6333

FAX: (850) 245-6437, **EMAIL:** _____

**Division of Historical Resources
 SPECIAL CATEGORY GRANT
 PROJECT PROGRESS & EXPENDITURE REPORT**

REPORTING PERIOD

(PLEASE CHECK ONE)

<input type="checkbox"/> 1st/ Begin Date. Due Jan. 31, 2 _____	<input type="checkbox"/> 2nd/ Date Due July 31, 2 _____	<input type="checkbox"/> 3rd/ Date Due Jan. 31, 2 _____	<input type="checkbox"/> FINAL/ Date Due July 31, 2 _____	<input type="checkbox"/> Other: _____
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Grant Number: SC _____

Grantee Name (Organization): _____

Grant Project Title: _____

Grant Award Amount: \$ _____

Required Match: \$ _____

Grant Award Agreement Beginning Date: _____

Date of Initiation of Project Work: _____

Scheduled Project Completion Date: _____

Grant End Date: _____

Disbursement method chosen in Historic Preservation Grant Award Agreement (HPGAA): Reimbursement OR 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 Provide Current Grantee Project Manager Information:

(Update as needed. Also indicate if there is a change in the data below.)

Project Manager: _____ Changed? Yes

Address: _____ Changed? Yes

Daytime Phone Number: _____ Changed? Yes

FAX Number: _____ Changed? Yes

E-mail Address: _____ Changed? Yes

Special Category Project Progress and Expenditure Report Instructions

I. Cover Page

The report cover page provides important information for the Grantee and Division grant 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 the reporting period for which your organization is submitting the report. Next is information on your project: the grant number, Grantee name, project title and amount of the grant, required Match, and critical project dates. The last item on this page provides current contact information for the Grantee's Project Manager. The Project Manager is the Grantee's representative for all routine administrative matters relating to the grant. **Take this opportunity to update Official Grant Contact information. Please indicate in the checkboxes when contact information has changed.**

II. 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 brief description of all project related work initiated, in-progress, and completed during this reporting period. Attach current photographs, dated and labeled, documenting your project's status with this report. For Archaeological Excavation projects, attach photographs showing significant features discovered and artifacts conserved.

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 contractor services, or archaeological research designs, construction documents (plans and specifications), project specifications, museum exhibit planning and 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 or implementation.

4. Project Work Accomplished (Final Report Only)

This area of the report is used to describe the project work accomplished with the grant funds and required Match contribution. Grantees must also attach photographs describing all major aspects of the completed work with "before and after" views of the project. Remember that this section is only to be used for the Final Report.

III. Expenditure Report

Please note that detailed backup documentation for all expenditures -- grant expenditures and Match (cash, in-kind services, donated property or materials and volunteer labor) -- claimed for the reporting period must be attached to 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. Total Amount Claimed for Period:

- A. Enter the total **Grant Funds** expended **this Reporting Period**. This total is from the corresponding Detail Sheet (see Page 10).
- B. Enter the **Match Contributions** expended or contributed 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 11 through 14) 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.

Note: *For Match purposes, property value must be prorated to only the value of the historic building and its footprint or the documented area of the archaeological site. See additional requirements in the Historic Preservation Grant Award Agreement (HPGAA).*

2. Cumulative Grant 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 on a **QUARTERLY** basis. Please make all interest checks payable to

The Florida Department of State. Please note that the interest earned on advanced funds cannot be claimed as either Grant Expenditure or Match.

Schedule for Grantee Interest Payment Submissions:

1. Interest earned October-December - <i>due January 31</i>
2. Interest earned January-March - <i>due April 30</i>
3. Interest earned April-June - <i>due July 31</i>
4. Interest earned July-September - <i>due October 31</i>

- 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.

IV. Grant and Match Expenditure/Contribution Documentation

1. Detail Sheet: Grant Expenditures this Reporting Period

- A. List the information in the proper columns of the report on the Detail Sheet on page 10.
- B. For cash expenditures, information to be provided includes payee/vendor, check number, date of check, amount, the work item within the Approved Scope of Work (ASW) to which the expenditure contributes (see Section 1. of the Historic Preservation Grant Award Agreement (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 that it is allowable.
- C. **Required Backup Documentation**
 - (1) For Cash Expenditures please attach a copy of each vendor's invoice (a "paid" invoice is preferred) and a copy of the corresponding cancelled check. In cases when *cancelled checks* cannot be provided, alternate proof of payment shall be provided as approved in advance in writing by the Division. Examples include payment ledgers, vendor logs, bank statements, etc.
 - (2) For construction services, please attach the itemized invoices and schedule of values included in contractors' Partial Payment Requests when available to document that the expenditures were within the project scope of work.
 - (3) Please attach invoices marked paid for those items that were paid for in cash.
 - (4) The date of receipt of services and/or goods must be indicated on payment documentation.
 - (5) Proof of payment is not required for request of the final 10% grant payment (retainage). However, this request must be accompanied by the Final Project Progress and Expenditure Report and invoices showing expenditure of funds and work completed. In order for the grant to be closed, proof of payment must be submitted by the Grantee to the Division within 30 (thirty) days after the date of issuance of the state warrant for the final 10% grant payment.

D. Administrative and Indirect 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.

E. 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. To the extent that specific travel is approved by the Division, 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.

2. Detail Sheet: Match in Cash Expended this Reporting Period

- A. List the information in the proper columns of the report on the Detail Sheet on page 11.
- B. For cash match expenditures, information to be provided shall be consistent with that specified in 1.B. above.
- C. **Required Backup Documentation:** Backup documentation for cash match expenditures shall be as specified in 1.C. above.

D. Administrative and Indirect Costs: The provisions of 1.D. above are also applicable to cash match expenditures.

E. Travel: Travel allowances and restrictions indicated in 1.E. above are also applicable to cash match expenditures.

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

List the information requested in the form on Page 12.

A. All In-Kind Services contributions must be documented in detail. Each contribution listed must be allocated to an item within the 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 costs are not acceptable as a contribution to the required Match.

B. In-Kind Administrative Services

The value of In-Kind Administrative Services directly related to the completion of the project shall be **allowable contributions to the required match**. The value of such services shall be documented as indicated in 3.A. above. The value of indirect services and overhead are not allowable in-kind contributions to the required match. The aggregate of administrative expenditures from grant funds and the value of in-kind administrative services donated to the Project may not exceed 10% of the grant award amount.

C. Travel

In-kind travel contributions to the required match will be allowed if requested and approved during the application review process, and if included in the ASW. To the extent that specific in-kind travel contributions are approved by the Division, the Grantee shall be authorized to include the value of donated airfare, vehicle rental, mileage and lodging as allowable match contributions. The value of such travel match contributions shall be in accordance with *Section 112.061, Florida Statute*. The value of donated meals is not an allowable contribution to the required match.

4. Donated Property or Materials Contributed this Reporting Period

List the information requested in the form on Page 13.

A. All Donated Property and Materials contributions must be documented in detail. For donated property, see the documentation requirements in 4.B. below. Each contribution listed must be allocated to an item within ASW. Please attach a signed statement or invoice from the donor 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 subject materials were a donation to the Project. Each such statement or invoice must also be signed by the Project Manager.

B. For the purpose of match, **property donation must occur during the grant period**. The allowable value of donated property as a contribution to match shall be limited to the value of the historic structure(s) and that area of the land occupied by the footprint of the structure(s). For archaeological sites, the allowable value of donated property as a contribution to match shall be confined to the limits of the archaeological site as determined by professional archaeological survey. This value must be based on a complete summary appraisal prepared by a Florida State Certified General Real Estate Appraiser. The value of additional donated acreage shall not be allowable as contribution to match. Legal fees and other costs associated with the donation are not eligible contributions.

5. Volunteer Labor Contributed this Reporting Period

List the information requested in the form on Page 14.

A. 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 ASW. Please attach a signed statement from individual volunteers or a Volunteer Log indicating the date(s) of work, describing the work accomplished, valuing the contribution and including volunteer signatures for each work period recorded.

B. 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.

C. Volunteer Administrative Assistance directly related to the completion of the project shall be **allowable contributions** consistent with the limitations in 3.B. above.

D. Travel

The value of volunteer travel will be allowed as a contribution to match if requested and approved during the application review process and if included in the ASW. To the extent that specific volunteer travel contributions are approved by the Division, the Grantee shall be authorized to include the value of volunteer mileage and lodging as contributions to the required match in accordance with *Section 112.061, Florida Statutes*. The value of volunteer meals is not an allowable contribution to the required match. A volunteer mileage log containing the following shall be provided to document approved travel mileage claimed as a contribution to the required match: date of travel, destination, purpose of travel, name of volunteer, and number of miles driven.

V. Florida 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 Department (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 Official Grant Contact (Grant Project Manager). If the P&E Report was prepared by someone else, that individual must also sign and date the certification. For the Final Report, in addition being signed by the Official Grant Contact and the individual completing the report (if different from the Official Grant Contact), the certification must also be signed by the head of the Grantee organization (board chairperson, president, mayor, agency head).

VII. 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.

VIII. Payment Requests

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

Division of Historical Resources Special Category Grant Expenditure Report

Grant No. _____ Grant Begin Date: _____ Grant End Date: _____

1. Total Amounts Claimed for this Reporting Period:

(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:

(Total items 1, 2, 3, & 4 above)

\$ _____

C. Total Expenditures Claimed for this Reporting Period:

(Total of A & B above)

\$ _____

2. Cumulative Amounts Claimed (All Periods):

A. Total Grant Funds expended to date

\$ _____

B. Total Match expended to date

\$ _____

C. Total Expenditures to date (Total of A&B above)

\$ _____

3. Interest:

A. Interest earned on advanced payment funds this Reporting Period
(Interest earned must be remitted **Quarterly**. 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.

REQUIRED Expenditure Documentation:

Please attach specified documentation to verify all grant expenditures and Match contributions claimed in the following Detail Sheets. See instructions for more information.

Grant No. _____ Grant Begin Date: _____ Grant End Date: _____

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* Example: <i>b. painting</i>	DOCUMENTATION ATTACHED*	CHECK NUMBER & DATE	AMOUNT CLAIMED
1.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
2.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
3.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
4.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
5.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
6.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
7.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
8.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
9.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
10.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
TOTAL GRANT FUNDS EXPENDED THIS REPORT PERIOD					

Attach additional pages for Grant Funds Expended as necessary.

* In the second column, list the purpose of each expenditure clearly and in sufficient detail so that the Division may determine that the expenditure is an approved work item in the Approved Scope of Work ASW in Section 1 of the Historic Preservation Grant Award Agreement. In the third column, list the ASW work item letter to which the expenditure contributes. In the fourth column, please verify that you have attached copies of invoices and corresponding cancelled checks (or equivalent documentation as approved by the Division) for all grant funded expenditures listed above.

Grant No. _____ Grant Begin Date: _____ Grant End Date: _____

2. DETAIL SHEET: CASH MATCH EXPENDED THIS REPORTING PERIOD

VENDOR NAME	PURPOSE OF EXPENDITURE*	ASW ITEM LETTER* Example: b. painting	DOCUMENTATION ATTACHED*	CHECK NUMBER & DATE	AMOUNT CLAIMED
1.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
2.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
3.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
4.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
5.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
6.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
7.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
8.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
9.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
10.			<input type="checkbox"/> Invoice AND <input type="checkbox"/> Cancelled Check		
TOTAL CASH MATCH EXPENDED THIS REPORT PERIOD					

Attach additional pages for Cash Match Expended as necessary.

* In the second column, list the purpose of each expenditure clearly and in sufficient detail so that the Division may determine that the expenditure is an approved work item in the Approved Scope of Work (ASW) in Section 1 of the Historic Preservation Grant Award Agreement (HPGAA). In the third column, list the ASW work item letter to which the expenditure contributes (see HPGAA). In the fourth column, please verify that you have attached copies of invoices and corresponding cancelled checks (or equivalent documentation as approved by the Division) for all cash match expenditures listed above.

Grant No. _____ Grant Begin Date: _____ Grant End Date: _____

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

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

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

* In the second column, list the purpose of each in-kind contribution clearly and in sufficient detail so that the Division may determine that it is directly related to an approved work item in the Approved Scope of Work (ASW) in Section 1 of the Historic Preservation Grant Award Agreement (HPGAA). In the third column, list the ASW work item letter to which the contribution relates (see HPGAA). In the fourth column, please verify that you have attached copies of a signed statement or invoice from the person or firm providing the service describing the services provided and valuing them.

Grant No. _____ Grant Begin Date: _____ Grant End Date: _____

4. DETAIL SHEET: DONATED MATERIALS CONTRIBUTED THIS REPORTING PERIOD

DONOR	DESCRIPTION OF DONATED MATERIALS*	ASW ITEM LETTER* Example: <i>b. painting</i>	DOCUMENTATION ATTACHED*	DATE OF CONTRIBUTION	VALUE CLAIMED
1.			<input type="checkbox"/> Invoice or statement confirming donation and value		
2.			<input type="checkbox"/> Invoice or statement confirming donation and value		
3.			<input type="checkbox"/> Invoice or statement confirming donation and value		
4.			<input type="checkbox"/> Invoice or statement confirming donation and value		
5.			<input type="checkbox"/> Invoice or statement confirming donation and value		
6.			<input type="checkbox"/> Invoice or statement confirming donation and value		
7.			<input type="checkbox"/> Invoice or statement confirming donation and value		
8.			<input type="checkbox"/> Invoice or statement confirming donation and value		
9.			<input type="checkbox"/> Invoice or statement confirming donation and value		
10.			<input type="checkbox"/> Invoice or statement confirming donation and value		
TOTAL DONATED MATERIALS CLAIMED THIS REPORT PERIOD					

Attach additional pages for Donated Materials documentation as necessary.

- In the second column, list the purpose of each donation clearly and in sufficient detail so that the Division may determine that the donated materials contribute to an approved work item in the Approved Scope of Work (ASW) in Section 1 of the Historic Preservation Grant Award Agreement (HPGAA). In the third column, list the ASW work item letter to which the donated materials contribute (see HPGAA). In the fourth column, please verify that you have attached a signed statement or invoice from the contributor describing the donated materials 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.

Grant No. _____ Grant Begin Date: _____ Grant End Date: _____

5. DETAIL SHEET: VOLUNTEER LABOR CONTRIBUTED THIS REPORTING PERIOD

VOLUNTEER NAME	DESCRIPTION OF WORK CONTRIBUTED	ASW ITEM LETTER* Example: <i>b. painting</i>	DOCUMENTATION ATTACHED	DATE OF WORK	VALUE CLAIMED
1.			<input type="checkbox"/> Signed Volunteer Log OR <input type="checkbox"/> signed statement		
2.			<input type="checkbox"/> Signed Volunteer Log OR <input type="checkbox"/> signed statement		
3.			<input type="checkbox"/> Signed Volunteer Log OR <input type="checkbox"/> signed statement		
4.			<input type="checkbox"/> Signed Volunteer Log OR <input type="checkbox"/> signed statement		
5.			<input type="checkbox"/> Signed Volunteer Log OR <input type="checkbox"/> signed statement		
6.			<input type="checkbox"/> Signed Volunteer Log OR <input type="checkbox"/> signed statement		
7.			<input type="checkbox"/> Signed Volunteer Log OR <input type="checkbox"/> signed statement		
8.			<input type="checkbox"/> Signed Volunteer Log OR <input type="checkbox"/> signed statement		
TOTAL VOLUNTEER LABOR CLAIMED THIS PERIOD					

Attach additional pages for Volunteer Labor documentation as necessary.

* In the second column, describe the work accomplished in sufficient detail so that the Division may determine that it contributes to an approved work item in the Approved Scope of Work (ASW) in Section 1 of the Historic Preservation Grant Award Agreement (HPGAA). In the third column, list the ASW work item letter to which the work contributes (see HPGAA). In the fourth column, please verify that you have attached a signed statement from the individual providing the labor or, for multiple volunteers, a Volunteer Log Form describing the work accomplished, the date and time of individual volunteer work periods, and the value each contribution. Each entry in the Volunteer Log must be signed by the volunteer. 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 work for which he or she is routinely paid, the contribution shall be valued at his or her salary. This must be documented by a letter from the volunteer. *A copy of the suggested Volunteer Log form is included with this report and is available at our website.*

FLORIDA SINGLE AUDIT ACT:

CIRCLE ONE:

- A. Is your organization 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's website at www.state.fl.us/audgen/.

ENCUMBRANCE:

Section 3 of your grant's Historic Preservation Grant Award Agreement (HPGAA) requires that all grant and match funds be encumbered under terms of a binding contractual agreement by June 30, _____. Is your grant fully encumbered at this time?

CIRCLE ONE:

Yes No

If No, Please Explain:

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 Official Grant Contact (Grant Project Manager)
(Please sign in ink. Original signatures only)

Date

Print Name, Title

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

Date

Signature

FOR FINAL REPORT ONLY

In addition to the above signature(s), the following additional affirmation is required for completion of the Final Project Progress and Expenditure Report:

Signature of Authorized Official/Organization Head

Date

Print Name, Title

Attachments to this Report:

Remember to attach all required photographs and progress and expenditure documentation for this reporting period. Please list the items you have attached below and assign page numbers to each document as attachments to this report.

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

Thank you for submitting your Project Progress and Expenditure Report to the Bureau of Historic Preservation.