

**ORGANIZATION
NAME:** _____



**NEIGHBORHOOD BUSINESS DISTRICT SUPPORT FUND
FINAL PERFORMANCE REPORT**

RETURN TO DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT, 805 CENTRAL AVENUE, II CENTENNIAL PLAZA, STE. 700, CINCINNATI, OHIO 45202 OR TO DARBY SCHOZER AT DARBY.SCHOZER@CINCINNATI-OH.GOV BY THE DEADLINE OF AUGUST 8, 2025.

Organization	
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NBDSF Total Amount Approved	\$3,600	Contract Number	
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	NAME	PHONE #	EMAIL
Report Submitted by			

Signature		NBDSF YEAR	FY2025
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NBDSF - SUMMARY FINANCIAL REPORT

Please submit the following summary financial report for your Neighborhood Business District Support Fund spending. Projects listed here must match the Proposal approved by the CNBDU Review Committee and in your organization’s contract with the City.

NBDSF Approved Projects	Total Approved Budget*	Year-to-Date Expenses	Balance
TOTALS			

Total NBDSF Budget	
- Total Spent NBDSF Funds	
Total Unspent NBDSF Funds**	

*If you requested an informal amendment, please attach documentation verifying the amendment was approved
 **If you received advance NBDSF funds, you must return unspent NBDSF funds to the City (make checks payable to “City of Cincinnati”)

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NEIGHBORHOOD BUSINESS DISTRICT SUPPORT FUND – DETAILED PROJECT REPORT

Prepare one (1) report form for each approved project. Describe how well you met your goals. Discuss any problems (if any) in fulfilling the terms of your contract, indicate budget, year-to-date expenditures for each project, and the ending balance. Attach photographs and other documentation as appropriate.

PROJECT NAME		
PROJECT DESCRIPTION & GOALS OR PURPOSE		
PROBLEMS WITH THE PROJECT		
EVALUATION OF SUCCESS OF PROJECT (Explain why you feel this project is a success or failure. What do you base this assessment on?)		
ADDITIONAL COMMENTS:		
PROJECT BUDGET	Y-T-D EXPENSES	PROJECT BALANCE
\$ -	\$ -	\$ -

List all the expenses incurred under this project. To verify funds spent attach the following to each project report:

1. **Invoices and/or copies of receipts** - original receipts will NOT be accepted – to verify funds were needed.
2. **Attach copies of cancelled checks** or bank statements to verify funds were spent.

LINE ITEM	PAYEE	AMOUNT (\$)	CHECK # *	DATE
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
TOTAL SPENT		\$ -		

* If a check was not used, put the date of the transaction, and highlight the transaction on your attached CC's bank statement