

**ORGANIZATION  
NAME:** \_\_\_\_\_



**NEIGHBORHOOD BUSINESS DISTRICT SUPPORT FUND  
MONTHLY FINANCIAL 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. REPORTS MUST BE SUBMITTED WITHIN 15 DAYS FOLLOWING THE END OF EACH CALENDAR MONTH IN WHICH ANY EXPENSES ARE INCURRED DURING THE TERM, REPORTING THE EXPENSES MADE DURING THE MONTH THAT JUST ENDED.

<b>ORGANIZATION</b>	
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<b>NBDSF TOTAL AMOUNT APPROVED</b>	\$3,600	<b>CONTRACT NUMBER</b>	
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	<b>NAME</b>	<b>PHONE #</b>	<b>EMAIL</b>
<b>REPORT SUBMITTED BY</b>			

<b>MONTH</b>		<b>NBDSF YEAR</b>	<b>FY2025</b>
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**NBDSF – PROJECT EXPENSE SUMMARY**

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

<b>NBDSF APPROVED PROJECTS</b>	<b>TOTAL APPROVED BUDGET*</b>	<b>YEAR-TO-DATE EXPENSES</b>	<b>BALANCE</b>
<b>TOTALS</b>			

<b>TOTAL NBDSF BUDGET</b>	
<b>- TOTAL SPENT NBDSF FUNDS</b>	
<b>TOTAL UNSPENT NBDSF FUNDS</b>	

\*If you requested an informal amendment, please attach documentation verifying the amendment was approved

Please complete **Attachment A: Expense Report** for each project as applicable.

**ORGANIZATION  
NAME:** \_\_\_\_\_

**ATTACHMENT A: EXPENSE REPORT**

<b>PROJECT NAME</b>	
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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
<b>TOTAL SPENT</b>				

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