

COUNCIL NAME: _____



**NEIGHBORHOOD SUPPORT FUND PROGRAM
FY2020 FINAL PERFORMANCE REPORT**

RETURN TO DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT, 805 CENTRAL AVENUE, II CENTENNIAL PLAZA, STE. 700, CINCINNATI, OHIO 45202 BY THE DEADLINE OF **4:00pm November 30, 2020**.

Community Council	
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NSP Total Amount Approved		Contract Number	
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	NAME	PHONE #	EMAIL
Report Submitted by			

Signature		NSP YEAR	
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NEIGHBORHOOD SUPPORT FUND - SUMMARY FINANCIAL REPORT

Please submit the following summary financial report for your Community Council’s Neighborhood Support Program spending. Projects listed here must match the Proposal approved by the NSP Review Committee and in your Community Council’s contract with the City.

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

NSP Disbursement		Check ___ / Advance ___
Total NSP Budget		
- Total Spent NSP Funds		
Total Unspent NSP Funds**		

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

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NEIGHBORHOOD 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. Additional copies of this page can be found at www.choosecincy.com.

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 wasn't used, put the date of the transaction and highlight the transaction on your attached CC's bank statement