



COUNCIL NAME: \_\_\_\_\_

**NEIGHBORHOOD SUPPORT FUND PROGRAM  
FY2021 FINAL PERFORMANCE REPORT**

**Due: Friday, October 29, 2021**

<b>Community Council</b>	
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<b>NSP Total Amount Approved</b>		<b>Contract Number</b>	
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	NAME	PHONE #	EMAIL
<b>Report Submitted by</b>			

<b>Signature</b>		<b>NSP YEAR</b>	<b>2021</b>
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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
<b>TOTALS</b>			

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NSP Disbursement	Check_____ / Advance_____
<b>Total NSP Budget</b>	
<b>- Total Spent NSP Funds</b>	
<b>Total Unspent NSP Funds**</b>	

\*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”)

COUNCIL NAME: \_\_\_\_\_

## 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.

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

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