



Community Enhancement/ Neighborhood Reinvestment Grant Documentation Guide



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Documentation Rules

- Grant documentation is due 13 months after grant effective date
- All expenses must fall within the grant period
- All expenses must be for grant purpose
- Documentation must include the following items:
 - Cover letter on the organization's letterhead detailing how the grant funds were spent
 - Completed Documentation of Grant Expenditures Form
 - Completed List of Expenditures Form
 - Proof of Expenditures (supporting documentation) for the entire grant amount. Please give each supporting document an item number that corresponds to the associated line on the List of Expenditures

Cover Letter



September 15, 2015

County of San Diego
Office of Financial Planning
CE/NRP Program
1600 Pacific Highway, Suite 352
San Diego, CA 92101

Subject: Cover Letter

To Whom It May Concern,

Enclosed with this letter are documents pertaining to our CE/NRP grant that was awarded to our organization for the amount of \$--.

We have spent the funds in accordance to the grant purpose, which included: salary expenses for staff support, the purchase of 400 amp service cabinet, and volunteer shirt costs. We did not use the full amount of funds, and have enclosed with our packet a \$50.27 check to return these unspent funds. Your support will allow us to continue to provide services to our community.

On behalf of the organization, thank you again for your continued support. We applaud the County of San Diego for supporting our vision and helping the community.

Sincerely,

A handwritten signature in black ink, appearing to be 'John Doe', written over a light blue horizontal line.

John Doe
Director, Company

When you turn in your documentation packet it must contain a cover letter. The cover letter should contain the following:

- Must be on the organization's letterhead
- Detail how the grant funds were spent.

Documentation of Grant Expenditures form

COUNTY OF SAN DIEGO COMMUNITY ENHANCEMENT PROGRAM DOCUMENTATION OF GRANT EXPENDITURES

Grant Period: 07/01/2015 to 06/30/2016

ORGANIZATION NAME: *Organization*

TID: *Tax ID*

PURPOSE OF GRANT: *Purpose*

CHECK #: *Check #* ISSUED ON: *Issue Date* FOR: *Amount*

DOCUMENTATION DUE NOT LATER THAN: *Documentation Due Date*

- For proper documentation procedures, please read the accompanying Documentation of Grant Expenditures Instructions before submittal.
- We will not accept documentation for expenditures that are not in accordance with the purpose of the grant.
- You must spend the grant funds only on the purpose stated above. Any remaining balance should be returned by check payable to the County of San Diego.

TOTAL EXPENDITURES: \$ _____ RETURNED AMOUNT: \$ _____

WE DECLARE THAT ALL STATEMENTS CONTAINED ON THIS FORM AND IN ANY ACCOMPANYING DOCUMENTS ARE TRUE AND CORRECT.

Prepared by: (Signature) _____ Date _____

Print Name _____ Title _____

Phone Number _____ E-Mail _____

Confirmed by: (Signature) _____ Date _____

Print Name _____ Title _____

Phone Number _____ E-Mail _____

Note: DO NOT DISCARD Please complete and return this form, including attachments, to:
County of San Diego, Neighborhood Reinvestment Program, 1600 Pacific Highway, Room 352,
San Diego, CA 92101.

Community Enhancement

- Form is provided with check issuance
- Must be included with documentation packet that is due at the end of grant period
- When completed must include original wet signatures
- Mail this form with rest of documentation packet to:

County of San Diego
Office of Financial Planning
1600 Pacific Highway, Suite 352
San Diego, CA 92101

Documentation of Grant Expenditures form

COUNTY OF SAN DIEGO NEIGHBORHOOD REINVESTMENT PROGRAM DOCUMENTATION OF GRANT EXPENDITURES

Grant Period: 12/02/2014 to 12/02/2015

ORGANIZATION NAME: *Organization*

TID: *Tax ID*

PURPOSE OF GRANT: *Purpose*

CHECK #: *Check #* ISSUED ON: *Issue Date* FOR: *Amount*

DOCUMENTATION DUE NOT LATER THAN: *Documentation Due Date*

- For proper documentation procedures, please read the accompanying Documentation of Grant Expenditures Instructions before submittal.
- We will not accept documentation for expenditures that are not in accordance with the purpose of the grant.
- You must spend the grant funds only on the purpose stated above. Any remaining balance should be returned by check payable to the County of San Diego.

TOTAL EXPENDITURES: \$ _____ RETURNED AMOUNT: \$ _____

WE DECLARE THAT ALL STATEMENTS CONTAINED ON THIS FORM AND IN ANY ACCOMPANYING DOCUMENTS ARE TRUE AND CORRECT.

Prepared by: (Signature) _____ Date _____

Print Name _____ Title _____

Phone Number _____ E-Mail _____

Confirmed by: (Signature) _____ Date _____

Print Name _____ Title _____

Phone Number _____ E-Mail _____

Note: DO NOT DISCARD Please complete and return this form, including attachments, to:
County of San Diego, Neighborhood Reinvestment Program, 1600 Pacific Highway, Room 352,
San Diego, CA 92101.

Neighborhood Reinvestment

- Form is provided with check issuance
- Must be included with documentation packet that is due at the end of grant period
- When completed must include original wet signatures.
- Mail this form with rest of documentation packet to:

County of San Diego
Office of Financial Planning
1600 Pacific Highway, Suite 352
San Diego, CA 92101

List of Expenditures Form

List of Expenditures

Date (Expenditures must be within Grant period on Documentation of Grant Expenditure Form)	Check # (Include copy of check and bank statement showing check has cleared)	Payable To (Include paid invoices)	Purpose (Expenditures must be within Purpose of Grant on Documentation of Grant Expenditure Form)	Amount	Item # (Label expenditures documents and bank statements with item #)
3/8/15	<u>Payroll</u>	<u>ADP Payroll Services</u>	Payroll Services	<u>\$35,839.10</u>	1
3/3/15	<u>3025</u>	<u>Desert Electric</u>	Amp Service Cabinet	<u>\$5,596.43</u>	2
5/14/15	<u>Credit Card</u>	<u>Printing Co.</u>	Shirts for Volunteers	<u>\$1,713.78</u>	3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
			TOTAL	\$43,149.31	

A completed List of Expenditures Form is required when submitting a documentation packet. The information needed is: Date of Expenditure, Check # (if applicable), Payable To, Expense Purpose, and Amount.

The example provided shows the three most common expenses:

- Item #1 – Payroll Expense
- Item #2 – Expense that is paid with check
- Item #3 – Expense that is paid with credit/debit card

Payroll Report

(Item #1)



3/8/2015

Payroll Report

1 of 1

Employee	Gross Pay	Net Pay	Reg Hours	Overtime Hours	Bonus & Commission	Additions & Deductions	Retirement	PreTax	Federal Tax	FICA	Medicare	Other Tax
Jeff Abrams	2,661.62	1,809.31	80.00	0.00	1,940.68	0.00	133.08	96.00	344.97	107.76	37.21	133.29
David W Davis	267.38	186.99	15.50	0.00	0.00	-20.00	0.00	48.00	0.00	9.21	3.18	0.00
Shonda Donald	1,080.00	798.07	80.00	0.00	0.00	0.00	0.00	84.00	98.34	41.83	14.44	43.32
Bill Forester	1,231.13	960.87	73.50	0.00	0.00	0.00	0.00	96.00	73.13	47.67	16.46	37.00
Bill Framington	1,005.00	751.76	67.00	0.00	0.00	0.00	30.16	96.00	37.50	38.17	13.18	38.23
Matt Harmil	1,080.00	776.15	80.00	0.00	0.00	0.00	0.00	84.00	120.26	41.83	14.44	43.32
John Hope	1,362.13	990.71	78.25	1.25	0.00	0.00	20.00	96.00	135.86	53.18	18.36	48.02
Percy James	6,538.48	5,016.10	0.00	0.00	0.00	-122.12	0.00	14.00	1,004.60	0.00	0.00	381.66
Fredrick Jenkins	267.75	190.37	17.00	0.00	0.00	-25.00	0.00	0.00	25.60	11.25	3.88	11.65
Steve Minchel	1,514.76	1,185.48	80.00	2.00	0.00	-15.00	0.00	96.00	88.77	59.59	20.58	49.34
Barney Murphy	1,779.00	1,411.87	76.75	9.50	0.00	-30.69	0.00	0.00	164.73	74.72	25.79	71.20
Dwight Paulino	1,237.50	789.77	66.00	0.00	0.00	0.00	99.00	96.00	127.25	47.94	16.55	60.99
Dean Peterson	1,398.25	1,018.75	80.00	1.50	0.00	0.00	30.00	84.00	141.58	55.20	19.05	49.67
Brad Petrosian	1,600.00	1,077.10	80.00	0.00	0.00	0.00	112.00	96.00	154.68	63.17	21.81	75.24
Daniel Ragneth	2,187.75	1,284.81	80.00	0.00	75.07	-268.26	109.39	96.00	207.62	87.86	30.33	103.48
Chris Rockstahl	1,989.75	1,515.34	80.00	0.00	1,139.75	0.00	0.00	96.00	173.00	79.54	27.46	98.41
Donna Schoenfeld	100.20	90.19	12.00	0.00	0.00	0.00	0.00	0.00	0.00	4.20	1.45	4.36
Erik Shannon	1,353.63	1,034.40	79.25	0.25	0.00	-10.20	40.00	96.00	61.38	52.82	18.24	40.59
Patrice Sheffield	100.20	88.69	12.00	0.00	0.00	0.00	0.00	0.00	0.00	4.20	1.45	5.86
Patrick Smith	1,707.12	1,158.72	80.00	4.00	0.00	-5.90	153.64	96.00	138.43	67.67	23.36	63.40
Brandon Starcher	1,402.18	894.97	79.75	0.25	0.00	-11.96	140.22	96.00	140.70	54.86	18.94	44.53
James Vazquez	1,344.62	880.60	80.00	4.50	0.00	-19.72	134.46	84.00	88.74	52.95	18.27	65.88
Michael Von Scharrel	2,630.65	1,900.40	80.00	0.00	1,928.41	0.00	131.54	96.00	269.66	106.46	36.75	89.84
Grand Total	35,839.10	25,811.42	1457.00	23.25	5,083.91	-528.85	1,133.49	1,646.00	3,596.80	1,162.08	401.18	1,559.28

Invoice

(Item #2)

Desert Electric

PO Box 000000
City, CA 90000

Phone # (555)555-5555

Invoice

Date	Invoice #
3/3/2015	35926

Bill To

Company
0000 Main St.
City, CA 900000
(888)555-5555

Fax # (760) 767-4514

E-mail

desertelectric@sbcglobal.net

P.O. No.	Terms	Project

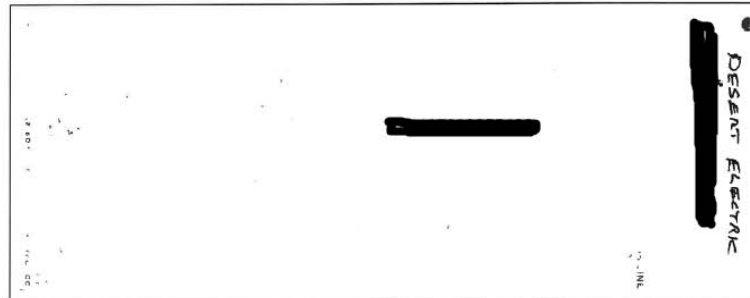
Quantity	Description	Rate	Amount
1	400 amp service cabinet W/pull section, landing lugs & breakers.	5,804.99	5,804.99
1	sales tax	464.40	464.40
1	Credit for returned 400 amp panel less restocking charge.	-672.96	-672.96
<i>Pl 3/8</i> <i># 3625</i>			
Total			\$5,596.43

Copy of Check

(Item #2)

Company 00000 Main St. City, CA 90000		3025
DATE <u>March 8, 2014</u>		90-3958-1222
PAY TO THE ORDER OF <u>Desant Electric</u>	\$ <u>5596.43</u>	
<u>Five Thousand Five Hundred Ninety Six and 43/100 DOLLARS</u>		
FOR <u>Invoice # 35926</u>	<u>Robert J. Quares</u>	

Account:1313398 Serial:3025 Amount:\$5,596.43 Sequence:2093259090 TR:122239584 TranCode:0 Date:03/11/2014
DepAccountNum:1313932 Branch:1414 Teller:0 XmitTC:0 Run:43 PocketNum:0 Batch:0 SiteNumber:0



Check Bank Statement

(Item #2)

Company
March 31, 2014

Page: 2

Other Withdrawals/Subtractions

Date	Description	Subtractions
03-26	Maintenance Fee Analysis Activity For 02/14	.80
Total Other Withdrawals/Subtractions		\$0.80

Daily Balances



Overdraft Fee Summary

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Checks

Ck#	Amount
✓3965	
✓3000	
✓3007	
✓3008	
✓3009	
✓3010	
✓3013	
✓3014	
✓3015	
✓3016	
✓3018	
✓3019	
✓3020	
✓3021	
✓3022	
✓3023	
✓3024	

Checks

Date	Ck#	Amount	Ref
03-14	3025	\$5,596.43	
03-04	3026		
03-21	3027		
03-21	3028		
03-04	3029		
03-10	*3031		
03-07	3032		
03-07	3033		
03-24	3034		
03-05	3035		
03-10	*3037		
03-11	3038		
03-06	3039		
03-07	3040		
03-07	*3042		
03-12	Total Checks paid: 32		
03-11	(* Skip in check sequence, R-Check has been returned, * Electronified check)		



Invoice

(Item #3)

INVOICE

PLEASE REMIT TO: Printing Co.
1234 Imaginary Ln
San Diego, CA 00000

BILL TO:
Company
0000 Main St.
City, CA 90000

SHIP TO:
Company
0000 Main St.
City, CA 90000

INVOICE # 2
INVOICE DATE 5/14/2015
DUE DATE 5/15/2015
CUSTOMER # 7

ORDER # 28 ORDER DATE 5/13/2015 REQ DATE 5/13/2015 PO NUMBER VERBAL BEN VISA/MC CARD TRUCK LINE

ITEM	DESCRIPTION	COLOR	SIZE	ORDERED	SHIPPED	SHORT	B/O	PRICE	EXTENDED
6004	BELLA 4.2 OZ FAVORITE T HTHROY		XL	75	75	0	0	\$2.79	\$209.25
6004	BELLA 4.2 OZ FAVORITE T HTHROY		L	75	72	3	0	\$2.79	\$200.88
6004	BELLA 4.2 OZ FAV T DKGREY HTHR		L	12	12	0	0	\$2.79	\$33.48
6004	BELLA 4.2 OZ FAV T DKGREY HTHR		L	8	8	0	0	\$2.79	\$22.32
3001	CANVAS 100% 4.2 OZ T HTHR ROYL		XL	75	75	0	0	\$3.09	\$231.75
3001	CANVAS 100% 4.2 OZ T HTHR ROYL		L	50	50	0	0	\$3.09	\$154.50
3001	CANVAS 100% 4.2 OZ T HTHR ROYL		M	25	25	0	0	\$3.09	\$77.25
3001	CANVAS 100% 4.2 OZ T HTHR ROYL		S	25	25	0	0	\$3.09	\$77.25
3001	CANVAS 100% 4.2 OZ T DK GRHHTH		XL	75	75	0	0	\$3.09	\$231.75
3001	CANVAS 100% 4.2 OZ T DK GRHHTH		L	50	50	0	0	\$3.09	\$154.50
3001	CANVAS 100% 4.2 OZ T DK GRHHTH		M	25	25	0	0	\$3.09	\$77.25
3001	CANVAS 100% 4.2 OZ T DK GRHHTH		S	25	25	0	0	\$3.09	\$77.25

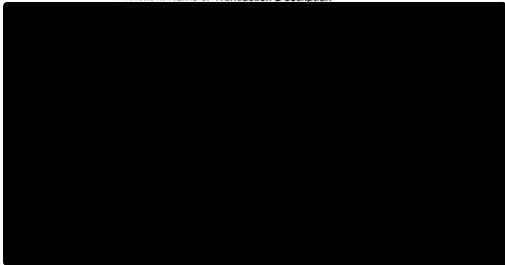
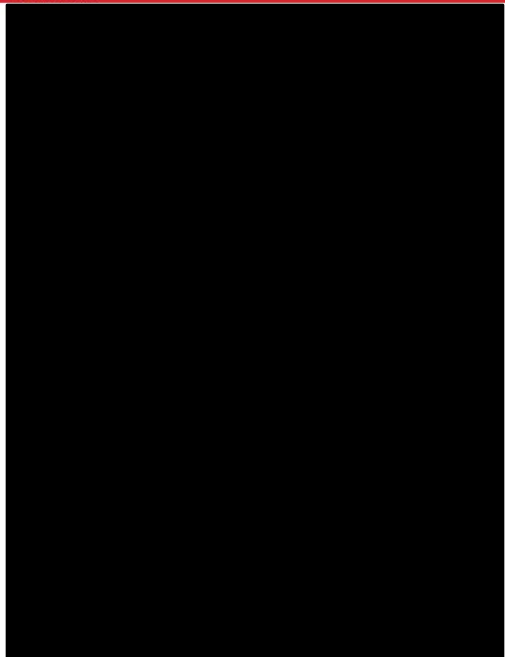
SALE_AMT: \$1,547.43
CASH DISCOUNT: \$46.42
FREIGHT: \$0.00
NSF_AMT: \$0.00
FINANCE CHARGE: \$0.00
RESTOCK_AMT: \$0.00
BANK_AMT: \$0.00
MISC_AMT: \$0.00
ADDITIONAL FREIGHT: \$0.00
ODEP_AMT: \$0.00
TOTAL: \$1,713.78

7 BOXES
184 LBS

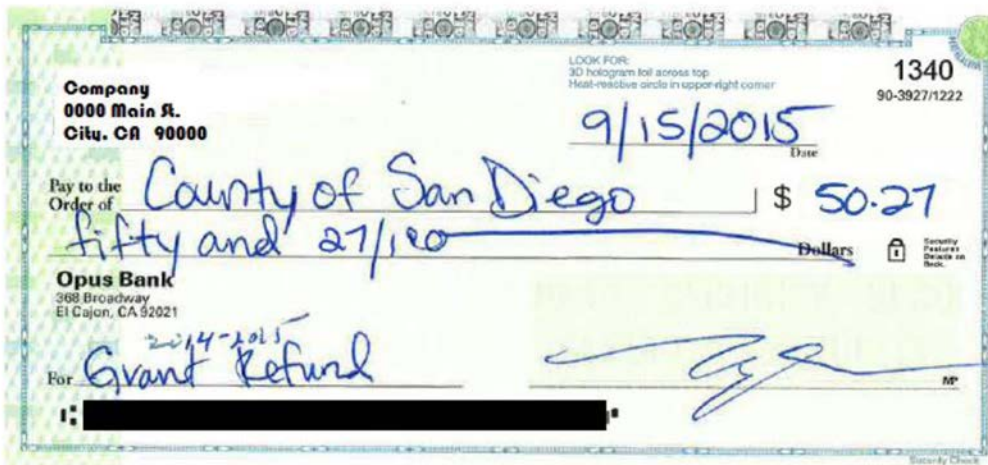
B
RB-BEN/FF>\$200

Credit Card Statement

(Item #3)

			manage your account online: www.chase.com/southwest	 CUSTOMER SERVICE: 1-800-792-0001	 Mobile: Visit chase.com on your mobile browser
ACCOUNT ACTIVITY			(CONTINUED)		
Date of Transaction	Merchant Name or Transaction Description	\$ Amount			
05/10		35.07			
05/08		566.91			
05/09		73.69			
05/11		42.95			
05/11		77.46			
05/13		47.58			
05/14		50.00			
05/13		2.58			
05/16		80.00			
05/15		6.04			
05/15		134.59			
05/15		25.00			
05/15		180.00			
05/16		20.25			
05/15	Printing Co	1,713.78			
05/16		58.20			
05/15		27.30			
05/16		13.54			
05/16		268.37			
05/16		14.00			
05/16		24.83			
05/19		611.82			
05/18		12.01			
05/19		35.75			
05/20		834.84			
05/19		25.37			
05/22		11.19			
05/22		44.99			
05/23		268.94			
05/22		112.32			
05/22		33.32			
05/24		327.57			
05/24		16.59			
05/25		126.31			
05/24		18.67			
05/26		1,274.15			
05/26		477.98			
05/27		7.55			
05/28		1,728.00			
05/27		19.88			
05/29		336.67			
05/31		64.61			
05/29		23.97			
05/30		16.14			
06/01		42.95			
06/01		33.96			
06/01		43.60			
06/01		66.08			
06/03		29.40			
06/02		37.58			

Returning Unspent Funds



- Unspent grant funds must be returned to the County
- These unspent funds may not be applied to any future CE or NRP grants
- When returning unspent funds, please make check payable to "County of San Diego"
- The check can be mailed to:
County of San Diego
Office of Financial Planning
1600 Pacific Highway, Suite 352
San Diego, CA 92101

Additional Resources

Community Enhancement

- [Community Enhancement Website](#)
- [B-58 Policy](#)
- [Subscribe to receive information on Community Enhancement via e-mail](#)

Neighborhood Reinvestment

- [Neighborhood Reinvestment Website](#)
- [B-72 Policy](#)
- [Subscribe to receive information on Neighborhood Reinvestment via e-mail](#)

Find your District/County Supervisor
[Website](#)

NRP/CE Contacts

Office of Financial Planning

1600 Pacific Highway, Room 352
San Diego, CA 92101
619-531-5177

District Offices

- District 1 (Supervisor Greg Cox) – (619) 531-5511
- District 2 (Supervisor Dianne Jacob) – (619) 531-5522
- District 3 (Supervisor Kristin Gaspar) – (619) 531-5533
- District 4 (Supervisor Ron Roberts) – (619) 531-5544
- District 5 (Supervisor Bill Horn) – (619) 531-5555