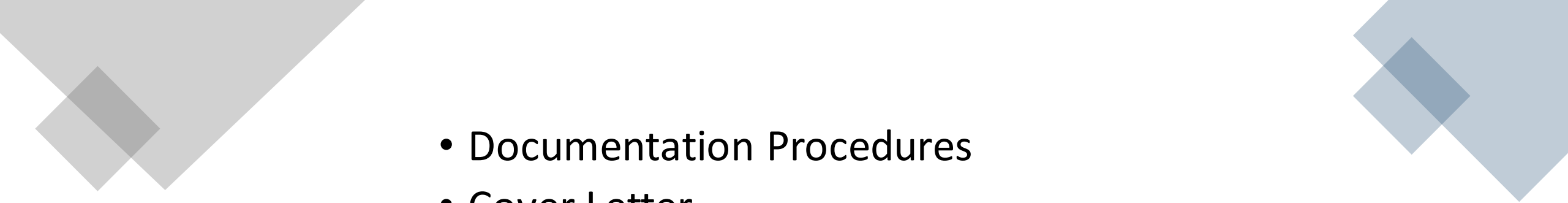





# COMMUNITY ENHANCEMENT & NEIGHBORHOOD REINVESTMENT

GRANT DOCUMENTATION GUIDE



# TABLE OF CONTENTS

- Documentation Procedures
  - Cover Letter
  - Documentation of Grant Expenditures Form (Community Enhancement)
  - Documentation of Grant Expenditures Form (Neighborhood Reinvestment)
  - List of Expenditures Form
  - Expenditure Item Sets / Samples
  - Unspent Funds Check
  - Additional Resources
  - County of San Diego District Offices Contact Information
- 

# DOCUMENTATION PROCEDURES

GRANT DOCUMENTATION IS DUE <sup>13</sup> 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

Documentation Packets  
must contain a Cover Letter



Cover Letters should contain  
the following:

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

# COMMUNITY ENHANCEMENT

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

2014 EXPENDITURE DOCUMENT CE - yellow

## Documentation of Grant Expenditures Form

- 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  
ECONOMIC DEVELOPMENT AND  
GOVERNMENT AFFAIRS  
1600 PACIFIC HWY, ROOM 352  
SAN DIEGO, CA 92101

# NEIGHBORHOOD REINVESTMENT

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 submital.
- 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.

2015 EXPENDITURE DOCUMENT MPF - 008

## Documentation of Grant Expenditures Form

- Form is provided with check issuance
- Must be included with documentation packet that is due at the end of grant period
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COUNTY OF SAN DIEGO  
ECONOMIC DEVELOPMENT AND  
GOVERNMENT AFFAIRS  
1600 PACIFIC HWY, ROOM 352  
SAN DIEGO, CA 92101

# LIST OF EXPENDITURES FORM

Completed List of Expenditures Form is required when submitting documentation packets.

**List of Expenditures**

<b>Date</b> <small>(If expenditures are for a 90-day Grant period on expiration of Grant Expenditure Term)</small>	<b>Check #</b> <small>(Indicate only check and bank statement showing check has cleared)</small>	<b>Payable To</b> <small>(Include full address)</small>	<b>Purpose</b> <small>(Expenditure in or for which Purpose of Grant on Documentation of Grant Expenditure Form)</small>	<b>Amount</b>	<b>Item #</b> <small>(Label expenditures documents and bank statements with Item#)</small>
					1
					2
					3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
<b>TOTAL</b>					

Page 2 of 2

The information needed is:

- Date of Expenditure
- Check Number (if applicable) or Transaction Number
- Payable To
- Expense Purpose
- Amount of Expense



# EXPENDITURE ITEM SETS & SAMPLES

1. Payroll Expense Reports

2. Invoices Paid with Checks

3. Invoices Paid with Credit / Debit Cards

# EXPENDITURE ITEM SETS & SAMPLES

## 1. Payroll Expense Reports

**ADP**  
Payroll Services

3/8/2015 1 of 1

**Payroll Report**

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	796.07	80.00	0.00	0.00	0.00	0.00	84.00	96.34	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	120.25	41.83	14.44	43.32
John Hope	1,362.13	960.71	78.25	1.25	0.00	0.00	20.00	96.00	135.86	53.18	18.36	48.02
Percy James	6,638.48	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	98.77	59.59	20.68	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	16.65	60.99
Dean Peterson	1,398.25	1,018.75	80.00	1.50	0.00	0.00	30.00	84.00	141.68	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	5.96
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	980.60	80.00	4.50	0.00	-19.72	134.46	84.00	88.74	52.95	18.27	65.88
Michael Von Schareil	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
<b>Grand Total</b>	<b>35,839.10</b>	<b>25,811.42</b>	<b>1467.00</b>	<b>23.25</b>	<b>5,083.91</b>	<b>-528.86</b>	<b>1,133.49</b>	<b>1,846.00</b>	<b>3,596.80</b>	<b>1,162.08</b>	<b>401.18</b>	<b>1,559.28</b>

# EXPENDITURE ITEM SETS & SAMPLES

2. Invoices Paid with Checks: Include copy of the invoice, cancelled check, and bank statement reflecting the charges

**Desert Electric** Phone # (555)555-5555 **Invoice**

PO Box 000000  
City, CA 90000

Date: 3/3/2015 Invoice #: 3025

Bill To: [Redacted]

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

Fax #: (760) 767-4614  
E-mail: desertelectric@ebcglobal.net

Quantity	Description	Rate	Amount
1	400 amp service cabinet W/pull section, landing lug & breakers.	5,804.99	5,804.99
1	sales tax	484.40	484.40
1	Credit for returned 400 amp panel less restocking charge.	-672.96	-672.96
<b>Total</b>			<b>5,616.43</b>

*Pl 3/8  
→ 3025*

Company: 00000 Main St., City, CA 90000

3025

Date: March 8, 2015

PAY TO THE ORDER OF: *Desert Electric* \$ 5596.43

*Five thousand five hundred ninety six and 43/100 DOLLARS*

FOR: *Invoice # 35926*

*Robert P. Davis*  
*Bank Cash*

Account:1111338 Serial:3055 Amount:20,196.43 Sequence:1093259990 Trn:122239504 TranCode:0 Data:03/11/2014  
Depositor:Kwa:1212322 Branch:0434 Teller:0 XmitType:0 Rm:43 PocketName:0 Batch:0 S:1:0:0:0

DESSERT ELECTRIC

Company: March 31, 2014 Page: 2

**Other Withdrawals/Subtractions**

Date	Description	Subtractions
03-28	Maintenance Fee Analysis Activity for 2014	80
<b>Total Other Withdrawals/Subtractions</b>		<b>\$0.00</b>

**Daily Balances**

[Redacted]

**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**

Chk#	Amount	Date	Chk#	Amount	Date
2905		03-14	3026	5,616.43	03-10
2900		03-04	3020		03-10
2907		03-21	3027		03-12
2908		03-21	3028		03-14
2909		03-04	3029		03-17
2910		03-10	3030		03-19
2913		03-07	3032		03-24
2914		03-07	3033		03-14
2915		03-24	3034		03-17
2916		03-05	3035		03-21
2919		03-10	3037		03-17
2919		03-11	3038		03-19
2920		03-08	3039		03-24
2921		03-07	3040		03-20
2922		03-07	3042		03-31
2923		03-12			
2924		03-11			

Total Checks paid: 32  
\* Skip in check sequence. R-Check has been returned. \* Electronic check

# EXPENDITURE ITEM SETS & SAMPLES

## 3. Invoices Paid with Credit / Debit Cards: Include copy of the invoice and statement reflecting the charges

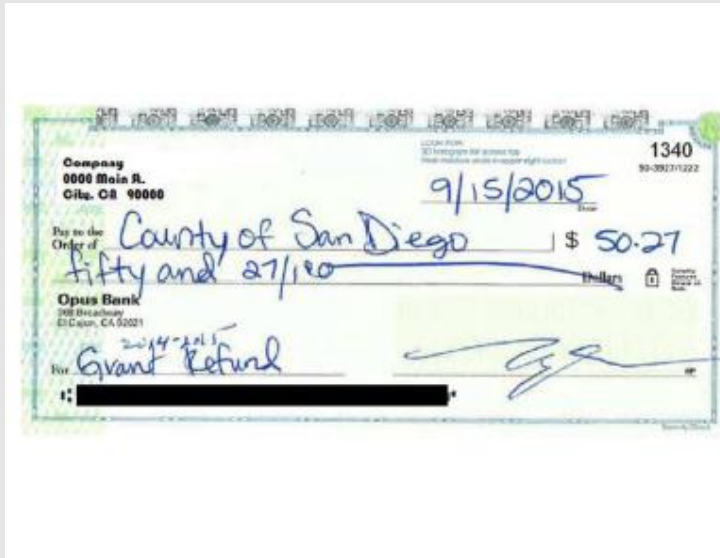
<b>INVOICE</b>		<b>PLEASE REMIT TO:</b> Printing Co. 1234 Imaginary Ln San Diego, CA 00000		<b>INVOICE # 2</b> <b>INVOICE DATE</b> 5/14/2015 <b>DUE DATE</b> 5/15/2015 <b>CUSTOMER # 7</b>					
<b>BILL TO:</b> Company 0000 Main St. City, CA 90000		<b>SHIP TO:</b> Company 0000 Main St. City, CA 90000							
<b>ORDER #</b>	<b>ORDER DATE</b>	<b>REQ DATE</b>	<b>PO NUMBER</b>	<b>VISA/CARD</b>	<b>TRUCK LINE</b>				
28	5/13/2015	5/13/2015	VERBAL BEN						
<b>ITEM</b>	<b>DESCRIPTION</b>	<b>COLOR</b>	<b>SIZE</b>	<b>ORDERED</b>	<b>SHIPPED</b>	<b>SHORT</b>	<b>NO</b>	<b>PRICE</b>	<b>EXTENDED</b>
6004	BELLA 4.2 OZ FAVORITE T HTHROY		XL	75	75	0	0	\$2.79	\$203.25
6004	BELLA 4.2 OZ FAVORITE T HTHROY		L	75	72	3	0	\$2.79	\$203.88
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 GRVHTH		XL	75	75	0	0	\$3.09	\$231.75
3001	CANVAS 100% 4.2 OZ T DK GRVHTH		L	50	50	0	0	\$3.09	\$154.50
3001	CANVAS 100% 4.2 OZ T DK GRVHTH		M	25	25	0	0	\$3.09	\$77.25
3001	CANVAS 100% 4.2 OZ T DK GRVHTH		S	25	25	0	0	\$3.09	\$77.25
								<b>SALE AMT:</b>	\$1,547.43
								<b>CASH DISCOUNT:</b>	\$49.42
								<b>FREIGHT:</b>	\$0.00
								<b>NSF AMT:</b>	\$0.00
								<b>FINANCE CHARGE:</b>	\$0.00
								<b>RESTOCK AMT:</b>	\$0.00
								<b>BANK AMT:</b>	\$0.00
								<b>MISC AMT:</b>	\$0.00
								<b>ADDITIONAL FREIGHT:</b>	\$0.00
								<b>ODEP AMT:</b>	\$0.00
								<b>TOTAL:</b>	\$1,713.78

7 BOXES  
154 LBS

B  
RB BENFF-\$200

<b>ACCOUNT ACTIVITY</b>		<b>(CONTINUED)</b>	
<b>Date of Transaction</b>	<b>Merchant Name or Transaction Description</b>	<b>\$ Amount</b>	
05/10		35.07	
05/06		506.91	
05/09		73.99	
05/11		42.05	
05/11		77.46	
05/13		47.50	
05/14		50.00	
05/13		2.50	
05/16		00.00	
05/10		6.94	
05/15		134.59	
05/15		25.00	
05/15		180.00	
05/16		20.25	
05/16		1,713.78	
<hr/>			
	Printing Co		
05/10		56.20	
05/15		27.30	
05/16		13.54	
05/16		203.37	
05/16		14.00	
05/16		24.83	
05/10		611.82	
05/19		12.01	
05/19		30.73	
05/20		694.84	
05/19		25.37	
05/22		11.19	
05/22		44.99	
05/23		280.94	
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		477.08	
05/27		7.55	
05/28		1,728.00	

# RETURNING UNSPENT GRANT 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  
ECONOMIC DEVELOPMENT AND  
GOVERNMENT AFFAIRS  
1600 PACIFIC HWY, ROOM 352  
SAN DIEGO, CA 92101**



# ADDITIONAL RESOURCES

## COMMUNITY ENHANCEMENT:

[Community Enhancement Program](#)

[B-58 Policy](#)

[Subscribe to Community Enhancement Emails](#)

## NEIGHBORHOOD REINVESTMENT

[Neighborhood Reinvestment Program](#)

[B-72 Policy](#)

[Subscribe to Neighborhood Reinvestment Emails](#)

## FIND YOUR DISTRICT / COUNTY SUPERVISOR:

[Board of Supervisors Website](#)

# BOARD OF SUPERVISORS CONTACTS



DISTRICT 1 - NORA VARGAS - 619.531.5511 - GRISELDA RAMIREZ [DISTRICT1@SDCOUNTY.CA.GOV](mailto:DISTRICT1@SDCOUNTY.CA.GOV)

DISTRICT 2 - JOEL ANDERSON - 619.441.4108 - [ROARKE.SHANLEY@SDCOUNTY.CA.GOV](mailto:ROARKE.SHANLEY@SDCOUNTY.CA.GOV)

DISTRICT 3 - TERRA LAWSON-REMER - 619.531.5533 - JOANA SANTIAGO [DISTRICT3GRANTS@SDCOUNTY.CA.GOV](mailto:DISTRICT3GRANTS@SDCOUNTY.CA.GOV)

DISTRICT 4 - 619.531.5544 - LAUREN MACDONALD [D4STIMULUSGRANTS@SDCOUNTY.CA.GOV](mailto:D4STIMULUSGRANTS@SDCOUNTY.CA.GOV)

DISTRICT 5 - JIM DESMOND - 619.531.5555 - CANDYCE YEE [CANDYCE.YEE@SDCOUNTY.CA.GOV](mailto:CANDYCE.YEE@SDCOUNTY.CA.GOV)

COUNTY ADMINISTRATION CENTER – OFFICE OF ECONOMIC DEVELOPMENT AND GOVERNMENT AFFAIRS 1600 PACIFIC HWY,  
ROOM 352, SAN DIEGO, CA 92101