

**DEPARTMENT OF STATE
DIVISION OF CULTURAL AFFAIRS
CULTURAL FACILITIES PROGRAM REPORT FORM**

Grant Number: _____

Total Grant Award: \$_____

Organization Name: _____

Project Title: _____

FINAL REPORT: The report includes a final cumulative narrative, final cumulative financial data on the expenditures of grant and match funds, and photos of the completed project.

I. WORK ACCOMPLISHED (In accordance with the project Scope of Work and project budget in Attachment A)

II. SCHEDULE OF EXPENSES AND INCOME (in accordance with Project Budget (Attachment A))

A. EXPENSES (Actually PAID. This itemization is cumulative and corresponds to the narrative in Section 1 of this report)

	MATCH	STATE
LAND ACQUISITION	_____	_____
BUILDING ACQUISITION	_____	_____
ARCHITECTURAL SERVICES	_____	_____
GENERAL REQUIREMENTS	_____	_____
SITE CONSTRUCTION	_____	_____
CONCRETE	_____	_____
MASONRY	_____	_____
METALS	_____	_____
WOOD AND PLASTIC	_____	_____
THERMAL AND MOISTURE PROTECTION	_____	_____

DOORS AND WINDOWS	_____	_____
FINISHES	_____	_____
SPECIALTIES	_____	_____
EQUIPMENT	_____	_____
FURNISHINGS	_____	_____
SPECIAL CONSTRUCTION	_____	_____
CONVEYING SYSTEMS	_____	_____
MECHANICAL	_____	_____
ELECTRICAL	_____	_____
SUBTOTALS OF EXPENSES	_____	_____

TOTAL PROJECT EXPENDITURES: MATCH+STATE
(Should equal the total project income) _____

B. INCOME (Actually RECEIVED to date)

CULTURAL FACILITIES PROGRAM (State funds requested from this grant)

MATCHING FUNDS RECEIVED

Total Private Support (Cash)	_____
Total In-Kind Private Support	_____
Corporate Support (Cash)	_____
Total In-Kind Corporate Support	_____
Total Local Government Support (Cash)	_____
Total In-Kind Government Support	_____
Total Federal Government Support (Cash)	_____
Total In-Kind Federal Government Support	_____
Applicant Cash	_____
TOTAL MATCH	_____

TOTAL PROJECT INCOME (TPI = match received + grant funds received) _____

(TPI must equal the total project expenditures).

III. JOBS CREATED

Please indicate the number of jobs created by this project for your institution: _____

Please indicate the number of jobs created by this project for your contractor/sub-contractors/architects: _____

IV. FLORIDA SINGLE AUDIT ACT

In accordance with Section 215.97(2)(a) and 215.97(8)(a), *Florida Statutes*, and the policies and procedures established by the Division of Arts and Culture, the grantee is required to certify annually if your organization with FEIN (insert FEIN here) expended \$750,000 or more from all combined state sources and all combined federal sources during your organization's fiscal year. If your organization has exceeded the threshold of \$750,000, your organization will be required to comply with the Florida Single Audit Act.

- By checking this box, I acknowledge that my organization is required to complete a separate certification form in dosgrants.com following the close of our fiscal year.

IV. CERTIFY AND SUBMIT

I have reviewed the grant report and am ready to submit. I understand that the electronic submission of this report serves as the signature of an authorized official. I understand that I will not be able to make changes to the report after it has been submitted. I also understand that all report information submitted to the Division is open for public inspection and subject to the Public Records Law (Chapter 119, *Florida Statutes*).

By submitting, I certify that this report has been reviewed by an authorized official and is true and accurate to the best of my knowledge. I am aware that making a false statement or representation to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S., punishable as provided for by ss. 775.082, 775.083, and 775.084.

- I have read reviewed the report and read the certification and I am ready to submit.

IV. Customer Service Rating: (required)

Please share any comments you have about your customer service experience.