

CCCFF Progress Report - Request for Reimbursement

Compliance and Performance Review Checklist

Purpose: this report has been provided for audit purposes to monitor compliance with the rules and regulations of CCCFF which necessarily includes compliance with authorizing Neb. Rev. Stat §§ 13-2701 through 13-2710.

Fifty percent of the total awarded amount was disbursed to the Recipient at the time of contract execution (or as otherwise negotiated), the final disbursement requires a review of Recipient records.

Satisfactory completion of compliance and performance review is required to receive the final disbursement. In accordance with the CCCFF contract, expenditures (including matching funds) will be:

- Accounted for in manner consistent with generally accepted accounting principles. All expenditures of the Act Funds by the Recipient will be for obligations incurred associated with the Project, and will be supported by documentation evidencing the necessity for such expenditures.
- This means that records indicate the dollar amount allocated for expenditures (including any budget revisions), the amount obligated (i.e., for which contracts exist), and the amount expended. The accounting system should permit the comparison of actual expenditures and revenues against budgeted amounts as provided in the budget portion of the application. Throughout the project, it is recommended a general ledger is maintained to summarize cash receipts and disbursements. All accounting records must be supported by source documentation. Invoices, bills of lading, purchase vouchers, payrolls and other fiscal support must be secure and retained for three (3) years after expiration of the contract. Payment should never be made without invoices and vouchers physically in hand. All vouchers/invoices must be on vendor's letterhead (or comparable) and include date of issuance and project identification, such as project name and number.

The Compliance and Final Payment Review process may be completed any time the project has met expenditure and matching fund requirements during the effective dates of the contract.

Direct questions to CCCFF Coordinator: jenny.mason@nebraska.gov.

Project Progress and Compliance Status Report Summary:

Compliance Report Date:		Project category: <input type="checkbox"/> Planning
Total project expenditures to date:	\$	<input type="checkbox"/> Construction

Grantee Information

Grantee:		Contract #:	- 03 -
Project name:			
Total project costs (incl. CCCFF):		CCCFF award amount:	\$
Eligible Matching Funds Summary Information			
Total matching funds:	\$	<input type="checkbox"/> Total in-kind match:	\$
CCCFF Contract Dates			
Start date:		End date:	
		Extension date:	

Project Status Summary

This section of the project status report provides a quick executive overview of the status of the project. It is intended to be a high-level summary. Describe the physical impact/outputs of work completed this reporting period. Assess whether or not project is on schedule and include any amendments or extensions that have been granted for the project. Indicate any project risks.

Example: The development is on track to finish on time. The project budget is estimated to run over. The project team is working to address budget concerns. All remaining work to be completed is on the interior of the facility, no weather-related construction delays are expected. Planning activities for implementation of next phase of project are underway.

COMPLIANCE REVIEW	No	Yes
<p><i>Were project expenses incurred prior to award date?</i> <i>If yes, only funds committed after the award date may be constituted as match.</i> Documentation submitted as a part of compliance review may include expenses incurred outside of the contract effective dates, indicate total eligible match: \$ _____ <i>Refer to your CCCFF contract for additional information.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Were project expenses associated with the grant incurred outside the contract effective dates?</i> Contract effective dates refer to duration of time between the award date through the termination date as indicated in your CCCFF contract.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Municipality maintained greater or equal to 50% match?</i> CCCFF monies can account for no more than 50% of total project costs.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Is the project complete?</i> If the municipality needs to request a contract extension, indicate the extension date and follow up with the CCCFF Coordinator. Proposed contract extension date:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Is the facility still owned and operated by the municipality?</i> If not, who owns the facility? _____ And provide a narrative explanation:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Grantee maintained a ledger of project expenses.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Actual Project Expenditures and Funding Sources

A project budget estimate was provided as a part of the application that included projected expenditures and funding sources. To provide comparison between budgeted and actual expenditures associated with the project, attach documentation.

Documentation attached, Attachment # ____.

Indicate and submit documentation supporting the project has met matching requirements. Attach appropriate supporting documentation demonstrating eligible project expenditures.

Check all that apply below and attach documentation; list may not be exhaustive and additional materials may be requested to document compliance.		Indicate Attachment #
<input type="checkbox"/>	<i>Copies of service contract(s) and change orders (where available).</i> Total amount contracted: _____	
<input type="checkbox"/>	<i>Copies of paid invoices.</i> Total amount of paid invoices: _____	
<input type="checkbox"/>	<i>Copies of cancelled checks and/or bank statements showing transfer of funds.</i> Total amount of cancelled checks: _____	
<input type="checkbox"/>	<i>Ledger of project expenses (must accompany actual documentation of expenditures).</i>	
<input type="checkbox"/>	<i>Certificate of Substantial Completion.</i> Date of signature: _____	
<input type="checkbox"/>	<i>Other documentation (e.g. certificate of occupancy, etc.), specify below.</i>	

Letter certifying completion of project.

The original signed letter from the chief elected official must be mailed to CCCFF Program Coordinator. This letter shall certify the project is complete as designed and contracted in accordance with the CCCFF contract. Where the project is incomplete, letter should include a narrative that clearly indicates estimated project completion date and project status.

Date submitted: _____

Planning grants must submit final planning document.

An electronic copy of the planning document may be submitted directly to the CCCFF Coordinator via email, or by obtaining a Sharefile link.

Date submitted/uploaded: _____

Construction grants must provide project photographs.

High-resolution photographs may be submitted directly to the CCCFF Coordinator by obtaining a Sharefile link.

Date submitted/uploaded: _____

Other materials submitted, please specify: _____

Has this award helped you accomplish your project goals?

Are there any barriers to your success with this project?

Are you interested in accessing additional DED programs?

Additional information:

I hereby certify that all of the information provided to the Nebraska Department of Economic Development described within the completed Compliance and Performance Review Checklist as required is accurate, complete, and will be maintained in our files for three years after the grant closeout date and that these files will be available for review upon request.

Report Preparer Signature

Name and Title

Organization