

City of San Bernardino
Arts and Historical Preservation Commission
Parks, Recreation & Community Services Department
Visual and Performing Arts Grant

Dear Award Recipient,

Your organization received a grant from the City of San Bernardino to be utilized for project(s) during the period of (date to be listed). In order to monitor the effectiveness of the grant award process in the city, it is required that you complete this form with detailed information about your project(s). Please comment on programs, services, and events that have been completed in the first half of your award year.

SEMI-ANNUAL PERFORMANCE REPORT- (add year)

Name of Organization: _____ Phone: _____

Mailing Address: _____ Zip: _____

Report Preparer: _____

Title: _____

Contact Number: _____

Email: _____

Specify Report Period: 6-month Report, (first half of year) 6-month Report, (2nd half of year)

(Due: TBD)) (Due: TBD)

Funds Approved: \$ _____

Funds expended per report period: \$ _____

Funds remaining: \$ _____

PERFORMANCE INFORMATION

1. Describe how grant funds have been used this report period.

2. List dates of activities/services/trainings and method of service delivery i.e. (virtual, on-site or both)

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(Note: attach activity fliers/advertisement/agendas, as relevant to funded activities)

3. Total Number of Individuals Served: _____

Number of City Residents Served: _____

4. City In-kind services received/utilized, if any:

5. City- Agency Partnerships Implemented, if any:

6. List the goals that were achieved by your project during this report period:

7. Using the budget worksheet below, note expenses charged to the grant program this report period.

Direct Costs: (Project Specific Costs) AMOUNT

Salaries & Benefits \$ _____

Supplies \$ _____

Printing \$ _____

Professional Services \$ _____

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Materials and Supplies \$ _____

Insurance/Permits \$ _____

Capital Purchases \$ _____

Other (Please Specify) \$ _____

Indirect Costs (applicable to grant program only, as noted in grant budget)

Administration Costs \$ _____

Facility Rents/ Maintenance \$ _____

Utilities- gas, electricity, telephone \$ _____

Depreciation \$ _____

Other: Specify: _____ \$ _____

GRAND TOTAL EXPENSES \$ _____

8. Authorizations:

I hereby certify the information contained in this report is true to the best of my knowledge and belief. I also hereby certify that our organization is in compliance with all state, federal, and local laws regarding licensing and employment practices.

Print Name of Report Preparer: _____

Title: _____

Preparer Signature: _____

Date: _____

Print name of President or Authorized Officer: _____

Title: _____

President Signature: _____

Date: _____

Please return by (DATE) to:

Arts and Historical Preservation Commission
Parks, Recreation and Community Services Department
209 North D St.
San Bernardino, CA 92401