



City of Kansas City, Mo.
Neighborhood and Community Services Department
Neighborhood Tourist Development Fund
414 E. 12th St., fourth floor
Kansas City, MO 64106
(816) 513-3200 (p), (816) 513-3201 (f)
www.kcmo.org/neigh

Program reporting forms

All reimbursement information must be submitted on these forms, and in accordance with the date on your contract execution letter. When submitting information about your event, submit that information only on the forms provided by Neighborhood Tourist Development Fund staff – do not alter these forms or change their format.

1. Reimbursement request form – list all eligible reimbursement categories
2. Budget modification request form – use this only if modifying the original activity budget
3. Attachment II, Form I – financial report to be completed by a certified public accountant
4. Attachment II, Form II – financial report to be completed by a certified public accountant
5. 90-day program report – this is an assessment of the event

Reimbursement request form

Contract No. _____

Contractor name _____

Event name _____

(Organization use)		(City staff use only)
Budget line item Category	Reimbursement amount requested	Reimbursement amount approved
A. Postage		
B. Entertainment		
C. Printing		
D. Permits		
E. Security		
F. Trophies/Awards		
G. Equipment rental		
H. Facility rental		
I. Advertising		
J. Office supplies		
K. Long distance calls		
L. Costume rental		
M. Catering		
N. Insurance		
O. Promotional material		
P. Exhibit rental		
Q. Minor equipment		
R. Publicity		
Approved reimbursement total		

I certify these costs to be both correct and applicable to the above contract.

Certified by _____ Date _____

Project director/manager

Prepared by _____ Date _____

Accountant/Bookkeeper

Payment approved by _____ Date _____

Contract administration manager, Neighborhood and Community Services Department

Budget modification request form

Complete this statement only if your organization is requesting to be reimbursed for budget line items "A" through "R" in which dollar amounts do not appear on the budget that is part of your contract.

This modification form must be completed, signed by an authorized organization officer, and submitted with the reimbursement request documentation materials.

(Organization use)		(City staff use only)
Budget line item category	Reimbursement amount requested	Reimbursement amount approved

Budget modification request statement

We _____ do hereby request a
Organization name
 modification to the budget which appears in our Neighborhood Tourist Development Fund contract, by adding the above budget line item categories and corresponding dollar amounts.

Requested by _____ Date _____
Authorized organization officer

Approved by _____ Date _____
Contract administration manager, Neighborhood and Community Services Department

Attachment II, Form I Financial report

For the period _____ to _____
 Sponsor _____
 Event title _____
 Event date _____
 President _____
 Treasurer _____
 Person completing form _____
 Phone _____ Fax _____

Revenues

Description	NTDF	Other	Total
1. _____	\$ _____	\$ _____	\$ _____
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
Total revenues	\$ _____	\$ _____	\$ _____

Expenditures

Category	NTDF	Other	Total
1. _____	\$ _____	\$ _____	\$ _____
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
Total expenditures	\$ _____	\$ _____	\$ _____
Revenues over/under expenditures	\$ _____	\$ _____	\$ _____

- A. If balance is positive, describe use of income**
 _____ Use for sponsoring organization's general operations
 _____ Use for funding of future similar event
 _____ Donate to beneficiary organization Name _____
 _____ Other (attach detailed explanation)
- B. If balance is negative, attach a detailed explanation of plans to resolve outstanding indebtedness.**

Attachment II, Form II
Financial report

We have compiled the accompanying statement of revenues and expenses of the

Event

as of _____, in accordance with standards established by
Date

the American Institute of Public Accountants.

A compilation is limited to presenting, in the form of financial statements, information that is the representation of management. We have not audited the accompanying financial statements and accordingly do not express an opinion on them.

Based on my review, I am not aware of any material modifications that should be made to the accompanying statement of revenues and expenses – cash basis, in order for it to be in conformity with the cash basis of accounting.

This report is intended solely for the information and use of the board of directors and management of the _____
Vendor

and the Neighborhood and Community Services Department of the City of Kansas City, Mo.

This restriction is not intended to limit the distribution of this report, which is a matter of public record.

Sincerely,

Certified public accountant's signature

Date

90-day program report

This narrative report should assess the impact of the event or project and it must include activities and accomplishments, and compare them to program goals. In this report, explain any problems the organization had and describe any changes that would need to be made for future events. The report should also include information about event planning and participation.

Estimated attendance

Weather (if outdoor event) – What was the weather like?

Activities – What types of activities were used? (i.e., pony rides, artists, face painting)

Marketing – What promotional methods were used?

Community support – How did the community help?

Overview