

COMMUNITY ORGANIZATION REPORT FORM

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

Contract Period: \_\_\_\_\_ To \_\_\_\_\_ Payment Request No: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ To \_\_\_\_\_ Date: \_\_\_\_\_

1 Contract Amount \_\_\_\_\_

2 Advance Payments: (1st: \_\_\_\_\_; 2nd \_\_\_\_\_;  
3rd \_\_\_\_\_; 4th \_\_\_\_\_; 5th \_\_\_\_\_) Total: \_\_\_\_\_

3 Cumulative Funds Received Prior to this Request \_\_\_\_\_

4 Cumulative Costs incurred under contract to date \_\_\_\_\_

5 Amount Due this Payment 2 - (3 - 4). \_\_\_\_\_

I hereby certify that the costs incurred to date as shown on this request for payment represent the actual amount of costs incurred and are an expenditure of funds only for allowable purposes under the terms of the contract between the Minneapolis Community Development Agency (MCDA) or the Neighborhood Revitalization Program (NRP) and our Organization. I also certify that all funds and program income have been or will be expended in compliance with the above statement and with OMB Circular A-87 and A-122 and any other applicable governmental regulations, regarding the accounting procedures to be used and the responsibilities that we have to the MCDA or NRP.

By: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Title

Recommended for Payment:

By: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Title

By: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Title

Contract#: \_\_\_\_\_

Vendor#: \_\_\_\_\_

PG#: \_\_\_\_\_

# CONTRACT BUDGET AND COST BREAKDOWN

SCHEDULE A

Agency: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

#	COST CATEGORY	CONTRACT BUDGET	ACTUAL CUMULATIVE COSTS TO END OF PRECEDING PERIOD	TOTAL COSTS FOR REPORTING PERIOD	TOTAL COSTS THROUGH END OF REPORTING PERIOD (B+C)	BUDGET BALANCE (A-D)
		A	B	C	D	E
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
TOTAL:						

Contract # \_\_\_\_\_



PROGRAM INCOME

Reporting Period \_\_\_\_\_ to \_\_\_\_\_

DESCRIPTION	CUMULATIVE PROGRAM INCOME RECEIVED PRIOR TO THIS REQUEST	PROGRAM INCOME CURRENT REPORTING PERIOD	CUMULATIVE PROGRAM INCOME RECEIVED TO DATE (A+B)
	A	B	C
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



*Mysteries of the NRP COMMUNITY ORGANIZATION REPORT FORM Explained!*

**COMMUNITY ORGANIZATION REPORT FORM**

Agency: Bountiful Neighborhood Association  
 Address: 2001 Oddessey Street  
Minneapolis, MN 55454

**Payment Request Number:** includes advances. BNA has received 4 previous payments-one advance for \$9,760 (which you show on line 2, below) and three reimbursements. This request is for payment number 5.

EXPLANATION: Neighborhood Revitalization Program

Contract Period: 6/1/99 To 12/31/01 Payment Request No: 5  
 Reporting Period: 4/1/99 To 5/31/99 Date: 6/10/99

**Contract Amount:** This is the amount of the original contract, plus any amendments. Call your neighborhood specialist if you don't know this number, or get it from the total of column A on the Contract Budget and Cost Breakdown Form.

1. Contract Amount	\$58,610.00
2. Advance Payments: (1st: <u>\$9,760</u> ; 2nd _____; 3rd _____; 4th _____; 5th _____)	Total: \$9,760.00
3. Cumulative Funds Received Prior to this Request	\$37,974.65
4. Cumulative Costs incurred under contract to date	\$38,445.35
5. Amount Due this Payment (2 - (3 - 4)).	\$10,230.70

**Cumulative Funds:** is the total of line 2 plus any previous reimbursements you may have already received on this contract. Here, BNA has received \$28,214.65 in reimbursements, plus the \$10,000 advance (from line 2, above).

**Cumulative Costs:** This is the total of all checks you have written on this contract since it started (not since your last payment request). Hopefully, your costs are not greater than what you have received (line 3). Get this number from the total of Column D on the Contract Budget and Cost Breakdown Form.

**Amount Due:** The formula (line 2-(line 3-line 4) *almost always* works. Almost, because it only works if line 2 plus line 4 is less than line 1 (your total advances plus your expenses is less than the contract amount). Otherwise, simply subtract line 3 from line 1 (the contract amount minus what you have received).



## COST ANALYSIS

SCHEDULE B

Agency: Bountiful Neighborhood Association

Reporting Period: 4/1/99 to 5/31/99

DATE	CHECK NUMBER	PAYEE	DESCRIPTION	COST CATEGORY	AMOUNT	TOTAL AMOUNT (If Different)*
4/5/99	2971	Federal National Bank	Fed w/h & Fica for March 1999	1	655.38	1,160.38
4/5/99	2972	MN Dept Of Revenue	Andy's MN Withholding for March	1	100.00	226.14
4/5/99	2974	Good Building Inc.	2/3 rent to NRP admin	2	300.00	450.00
4/5/99	2975	Andy Taylor	Executive Director Salary	1	1,046.55	
4/12/99	2977	Office Max	2/3 charged to NRP admin	2	56.50	84.75
4/12/99	2978	US West	Phones 2/3 NRP	2	30.12	45.18
4/19/99	2980	Blue Cross MN	insurance-employer paid	1	200.00	300.00
4/19/99	2981	Andy Taylor	Executive Director Salary	1	1,046.55	
4/26/99	EFT	Norwest Bank	bank fees	7	3.50	
4/26/99	2983	NSP	Electricity-2/3 charged to NRP	2	42.00	63.00
4/26/99	2984	Otis Campbell	accounting	5	400.00	
4/26/99	2985	CompUSA	New Mac computer, scanner, printer	3	2,000.00	2,529.48
4/26/99	2987	Blue Cross MN	Andy's Health Insurance	1	200.00	350.00
5/3/99	2988	Federal National Bank	Fed w/h & Fica for April, 1999	1	655.38	1,150.38
5/3/99	2989	MN Dept Of Revenue	Andy's MN Withholding for April	1	100.00	226.14
5/3/99	2990	Good Building Inc.	2/3 rent charged to NRP	2	300.00	450.00
5/10/99	2993	Kinko's	3 pages NRP	4	333.00	489.00
5/10/99	2995	Andy Taylor	Executive Director Salary	1	1,046.55	
5/17/99	2998	US West	Phones 2/3 NRP	2	30.12	45.18
5/17/99	2999	NSP	Electricity-2/3 charged to NRP	2	35.00	52.50
5/17/99	3000	Otis Campbell	accounting	5	400.00	
5/19/99	3001	Blue Cross MN	insurance-employer paid	1	200.00	350.00
5/24/99	EFT	Norwest Bank	bank fees	7	3.50	
5/24/99	3003	Andy Taylor	Executive Director Salary	1	1,046.55	
					10,230.70	