



**Stewardship Impact Grant
Advanced Payment Reconciliation / Final Reporting Form**

Project Title:
Grant Agreement No.:
Grantee or Fiscal Sponsor:
Contact Name and Phone No.:

TOTAL AMOUNT REQUESTED AS ADVANCE PAYMENT:
TOTAL AMOUNT OF ADVANCED FUNDING EXPENDED:
CASH MATCH:
OVERALL MATCH:
TOTAL PROJECT COST:
PERCENT OF CASH MATCH:
PERCENT OF OVERALL MATCH:
(Minimum matching requirements are 10% cash and 25% overall of the total project cost)

RECONCILIATION OF ADVANCED FUNDS AND FINAL REPORTING IS MADE UPON PROJECT COMPLETION AND SUBMISSION OF THE FOLLOWING ITEMS, DESCRIBED IN MORE DETAIL ON PAGE 2:

- 1) A description and evaluation of work completed and the project components implemented including digital photographs of any restoration site before and after completion of work
- 2) Approved Project Budget
- 3) Actual Expense Worksheet, signed by finance department or accounting staff of grantee or fiscal sponsor
- 4) Copies of invoices/receipts and proof of payment for all cash expenditures over \$1,000 during the final GOCO fiscal year in which advanced funding was spent. See page 2 if you do not have at least 3 expenses over \$1,000.
- 5) Statements detailing the value of donated services/materials/equipment (in-kind), if any
- 6) Explanation of staff time spent on this project, if any

Please read the following statements, sign and date below to verify its accuracy.

- 1) The grantee is in compliance with the terms and conditions of the GOCO Grant Agreement.
- 2) All project documentation is true and accurate reflecting only those eligible costs incurred and paid to date as described in the approved project application. The grantee or fiscal sponsor certifies that it has on file invoices, receipts, contracts, and/or proof of payment for the costs incurred and will maintain those records for inspection by GOCO or GOCO's auditors for a period of 5 years, in accordance with the GOCO Grant Agreement.

By: _____ Date: _____

Printed Name: _____ Title: _____

Organization: _____



Advance Payment Request Instructions

1. **PROJECT DESCRIPTION AND EVALUATION** Describe the components of the project that were completed and whether and how they differ from those proposed in the application. Evaluate whether the project as a whole and the individual components have been successful or helpful and why or why not. For any restoration sites, provide digital photographs of the restoration site before and after completion of the work.
2. **APPROVED PROJECT BUDGET** Submit a copy of the budget that was included with the signed grant agreement.
3. **ACTUAL EXPENSE WORKSHEET** The actual expense worksheet is a financial breakdown of your actual expenses to date and assists GOCO staff in locating corresponding financial documentation within your report. This is the same worksheet submitted for the End of Fiscal Year Requirements.

The Actual Expense Worksheet must:

- Be presented in the template provided by GOCO. It is available at www.goco.org.
- Track invoices in the order presented in the report.
- Account for every GOCO-eligible cost (including cash and in-kind match) associated with the project even though invoices for expenditures less than \$1,000 will not be submitted.
- Include salary, taxes, and benefits for each staff person if staff time is included in the budget as GOCO or matching funds.
- Be signed off on by a representative
- of the grantee's or fiscal sponsor's finance department or the person who does the accounting for the organization.

Description of Actual Expense Worksheet Columns:

- Invoice/Receipt Code: Include a label that corresponds to the labeled invoices/receipts and in-kind statements provided in the report. Organize all invoices/receipts in the same order as presented on the worksheet.
- Expense Description: Include the provider name as it appears on the invoice/receipt and a brief description of the expense
- GOCO Cash: Indicate the amount of that invoice/receipt that will be paid for by your GOCO grant.
- Grantee Cash Match: Indicate the amount of that invoice paid for by the grantee.
- Grantee In-kind Match: Indicate the amount of in-kind match provided by the grantee.
- Partner Cash Match: Indicate the amount of that invoice paid for by sources other than the grantee. Include a column for each of the partners labeled with the name of each partner.
- Partner In-kind Match: Indicate the amount of in-kind match provided by sources other than the grantee. Include a column for each of the partners labeled with the name of each partner.
- Total: Indicate the total amount of the invoice/receipt.

Description of Actual Expense Worksheet Rows:

- Green: Indicate expenses incurred through June 30, 2020 (GOCO fiscal year 1)
 - Blue: Indicate expenses incurred between July 1, 2020 through June 30, 2021 (GOCO fiscal year 2)
 - Red: Indicate expenses incurred between July 1, 2021 through June 30, 2022 (GOCO fiscal year 3)
4. **INVOICES/RECEIPTS** Enclose copies of invoices/receipts and proof of payment for all cash expenditures over \$1,000 during the final GOCO fiscal year in which advanced funding was spent (between July 1 and June 30). If you do not have at least 3 expenses over \$1,000, please provide supporting documentation for your 3 largest expenses. It is very important that all invoices/receipts are labeled to correspond with the "invoice/receipt code" on your Actual Expense Worksheet. Please include project-related expenses only. If necessary, identify project expenses from non-project expenses when an invoice or payment incorporates both.
 5. **IN-KIND DOCUMENTATION** To demonstrate in-kind contributions: 1) attach invoices or letters from the vendor or consultant identifying the value of the donated items or eligible volunteer time, and/or 2) include a written summary of the in-kind contributions. For labor, include a summary of how the value was obtained (number of hours, number of workers, rate per hour, etc.). For equipment, the invoice must include the number of hours it was used, the cost per hour, and a total. If a vendor provided a discount, the invoice that clearly notes that discount will suffice for documentation. Please label the in-kind breakdown(s) to correspond with the "invoice/receipt code" on the Expense Worksheet.
 6. **EXPLANATION OF STAFF TIME** If staff time is included in the budget as GOCO or matching funds, please explain how much staff time has been devoted to the various tasks associated with the project, specifically the number of hours, number of workers, rate per hour, etc. Remember that fundraising activities cannot be counted as staff time for either GOCO or matching funds. If staff time is not included, you may skip this question.