

California Arts Council
1300 I Street, Suite 930
Sacramento, CA 95814

American Recovery and Reinvestment Act of 2009
Monthly Report

Reporting Deadlines:

- | | | |
|---|--|--|
| <input type="checkbox"/> DECEMBER 4, 2009 | <input type="checkbox"/> APRIL 5, 2010 | <input type="checkbox"/> AUGUST 4, 2010 |
| <input type="checkbox"/> JANUARY 4, 2010 | <input type="checkbox"/> MAY 4, 2010 | <input type="checkbox"/> SEPTEMBER 3, 2010 |
| <input type="checkbox"/> FEBRUARY 4, 2010 | <input type="checkbox"/> JUNE 4, 2010 | <input type="checkbox"/> OCTOBER 5, 2010 |
| <input type="checkbox"/> MARCH 4, 2010 | <input type="checkbox"/> JULY 5, 2010 | <input type="checkbox"/> NOVEMBER 4, 2010 |

Please complete this monthly report and send by 5:00pm on the above listed deadlines to:

John Seto, via fax number 916.322.6575 or email JSeto@cac.ca.gov.

Grant Award Number: _____ Total Grant Amount \$ _____

- If all CAC ARRA funds have been expended by the end of this month and you have reported on all of the activities and accomplishments for the position funded with American Recovery and Reinvestment Act (ARRA) funds, please check this box. The ARRA Exhibit D, Appendix A Final Report must be completed to receive your final payment.

Grantee Information

Organization Name: _____ DUNS Number: _____
Mailing Address: _____
City: _____ County: _____ State: CA Zip + four: _____
Contact Person /Title: _____
Contact Telephone: _____ Contact Email: _____
Congressional District: _____

Funded Position Information – Position 1

Complete this information for each ARRA funded position. In the event the employee designated to receive the ARRA funds separates from the grantee organization, the funds are not transferable to another employee. A request can be made for such transfer; however, approval is not automatic. Extra Summary/Narrative pages follow for additional positions.

Title of Position Funded: _____

Is this an Artistic; Administrative; Educational; or Technical position?
If a position falls into more than one category, identify the one that is primary.

Name of Employee/Contractor: _____

Primary Place Employee Working, if different than organization's address: _____

This salaried position is considered: Full Time Part Time Annual Salary of Position: \$ _____

OR

This is a contracted position. Total estimated hours of contract for year: _____ Total contract amount: \$ _____

For this monthly report:

Total hours worked: _____ Hours worked paid by this grant: _____

Total grant payments you have received this month: \$ _____

Amount of grant expended: \$ _____

Was the position filled the entire month being reported? Yes No
If no, give start date: _____ or end date: _____

I certify none of the hours worked and paid for by this grant included tasks in development, fundraising, grant writing or similar activities, which cannot be supported by Federal funds.
Reference: Federal Cost Principles A-122 (2CFR 230); A-21 (2CFR 220); A-87 (2CFR 225).

Narrative

Describe the activities, duties and accomplishments of the ARRA funded position for this month. Also describe what impact and outcomes retaining, reinstating or fully restoring this position had on the organization and on the organization's ability to serve the public this month.

Certification of Authorized Official

The undersigned certifies that the information contained in this report is true and correct to the best of his/her knowledge, is fully documented, and that all expenditures were incurred solely for the purpose of this grant.

Name: _____ Title: _____

Signature: _____ Date: _____

Funded Position Information – Position 2 (If applicable)

Complete this information for each ARRA funded position. In the event the employee designated to receive the ARRA funds separates from the grantee organization, the funds are not transferable to another employee. A request can be made for such transfer; however, approval is not automatic. Extra Summary/Narrative pages follow for additional positions.

Title of Position Funded: _____

Is this an Artistic; Administrative; Educational; or Technical position?
If a position falls into more than one category, identify the one that is primary.

Name of Employee/Contractor: _____

Primary Place Employee Working, if different than organization's address: _____

This salaried position is considered: Full Time Part Time Annual Salary of Position: \$ _____

OR

This is a contracted position. Total estimated hours of contract for year: _____ Total contract amount: \$ _____

For this monthly report:

Total hours worked: _____ Hours worked paid by this grant: _____

Total grant payments you have received this month: \$ _____

Amount of grant expended: \$ _____

Was the position filled the entire month being reported? Yes No

If no, give start date: _____ or end date: _____

I certify none of the hours worked and paid for by this grant included tasks in development, fundraising, grant writing or similar activities, which cannot be supported by Federal funds.

Reference: Federal Cost Principles A-122 (2CFR 230); A-21 (2CFR 220); A-87 (2CFR 225).

Narrative

Describe the activities, duties and accomplishments of the ARRA funded position for this month. Also describe what impact and outcomes retaining, reinstating or fully restoring this position had on the organization and on the organization's ability to serve the public this month.

Funded Position Information – Position 3 (If applicable)

Complete this information for each ARRA funded position. In the event the employee designated to receive the ARRA funds separates from the grantee organization, the funds are not transferable to another employee. A request can be made for such transfer; however, approval is not automatic. Extra Summary/Narrative pages follow for additional positions.

Title of Position Funded: _____

Is this an Artistic; Administrative; Educational; or Technical position?
If a position falls into more than one category, identify the one that is primary.

Name of Employee/Contractor: _____

Primary Place Employee Working, if different than organization's address: _____

This salaried position is considered: Full Time Part Time Annual Salary of Position: \$ _____

OR

This is a contracted position. Total estimated hours of contract for year: _____ Total contract amount: \$ _____

For this monthly report:

Total hours worked: _____ Hours worked paid by this grant: _____

Total grant payments you have received this month: \$ _____

Amount of grant expended: \$ _____

Was the position filled the entire month being reported? Yes No

If no, give start date: _____ or end date: _____

I certify none of the hours worked and paid for by this grant included tasks in development, fundraising, grant writing or similar activities, which cannot be supported by Federal funds.

Reference: Federal Cost Principles A-122 (2CFR 230); A-21 (2CFR 220); A-87 (2CFR 225).

Narrative

Describe the activities, duties and accomplishments of the ARRA funded position for this month. Also describe what impact and outcomes retaining, reinstating or fully restoring this position had on the organization and on the organization's ability to serve the public this month.