CITY OF VICTORIA
2025 EVENT REIMBURSEMENT
AND QUARTERLY REPORT FORM

Program Name:_____Organization Fiscal Year: _____
Organization Name:_____Allocation Amt:_____

In order to receive reimbursement for the funding allocated to your organization, this form must be completed and submitted with proof of expenses. Examples of acceptable form of expenditure documentation includes, but is not limited to copies of invoices, receipts, timesheets or payroll registers, proof of payment such as a cancelled check, copy of a bank statement showing expenditure, or copy of a credit card bill or payment. Include all revenue from all sources and all expenses associated with the City of Victoria funded program only. Incomplete reports will be rejected, resulting in delay of payments to your organization. Reports are due by the 20th of the month following the close of the quarter. **These reports are due January 20, April 20, July 20, and October 20.** The reimbursements will not be released until the quarterly report and documentation is received and reviewed by the Allocations Committee.

PROGRAM REVENUE	**Jan 2025**	**Apr 2025**	**July 2025**	**Oct 2025**	**YTD Total**
1. Federal Grants					
2. Government Support					
3. Foundations/Private Grants*					
4. In-Kind Support*					
5. Client/Program Service Fees					
6. Contributions					
7. Other Revenue*					
8. Interest/Investment Income					
9. City of Victoria					
TOTAL PROGRAM REVENUE					

* Provide sources on a separate page

PROGRAM EXPENSES specific to City of Victoria funded program	**Jan 2025**	**Apr 2025**	**July 2025**	**Oct 2025**	**YTD Total**
1. Salaries (program staff)					
2. Benefits/Taxes (program staff)					
3. Professional Fees					
4. Supplies					
5. Travel					
6. Communication (phone, fax, e/mail)					
7. Occupancy/Utilities					
8. Payment to Affiliates					
9. Major Property/Equipment Acquisition					
10. Conference/Training					
11. Administration (specific to this program)					
12. Other					
TOTAL PROGRAM EXPENSES					

*If program runs at a deficit, please explain on separate page.

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Units of Service Include information for residents under age 18 years of age that reside within the City of Victoria limits	**Jan 2025**	**Apr 2025**	**Jul 2025**	**Oct 2025**	**YTD Total**
Units of service delivered					
Unduplicated count of children served					

VOLUNTEER UTILIZATION	**Jan 2025**	**Apr 2025**	**Jul 2025**	**Oct 2025**	**YTD Total**
# of Volunteers Used in the Program					
# of Volunteer Hours					

On the following page, please report the following information **as it pertains to City of Victoria funded program only.**

1. **Victories:** Report on program successes this quarter. Tell City of Victoria about theaccomplishments and success for this program
2. **Challenges:** Report on barriers to further success. Tell City of Victoria what problems youface.
3. **Outcomes:** Report outcomes as defined in your City of Victoria application or report on your progressin developing outcome measures.
4. **Conditions/Requirements/Recommendations:** There may be special statutory requirements attached to your funding. Use this space to report on what you have done this quarter to respond to these. If no requirements have been placed on your funding, write "None".

Signature: _____ **Date:** _____

Title: _____

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1. Victories: Report on program successes this quarter. Tell City of Victoria about the accomplishments and success for this program

2. Challenges: Report on barriers to further success. Tell City of Victoria what problems you face.

3. Outcomes: Report outcomes as defined in your City of Victoria application or report on your progress in developing outcome measures.

4. Conditions/Requirements/Recommendations: There may be special statutory requirements attached to your funding. Use this space to report on what you have done this quarter to respond to these. If no requirements have been placed on your funding, write "None".