



NEIGHBORHOOD TOURIST DEVELOPMENT FUND 90-DAY FINAL REPORT

Please read the instructions below prior to completing this form.

The NTDF Final Report is due no later than 90 days after the last date of project completion. The Final Report includes this form (including *Sections I-V*) and all required attachments required as part of *Section V: Reimbursement Request Form*.

This Final Report must be submitted by email to ntdf@kcmo.org. If downloading from the website, please save a copy to your computer before completing the form or data will not be saved. Please attach the required documents in the same email.

For questions, please email ntdf@kcmo.org or call (816) 513-3250.

INSTRUCTIONS

Please complete the following final report sections in this form:

- Section I: Organization Information
- Section II: Final Project Narrative
- Section III: Audience Data
- Section IV: Final Project Budget
- Section V: Reimbursement Request Form

Please include the following required attachments to the final report:

- ✓ **Proof of payment** - copies of reconciled checks (front and back) and/or bank statement OR credit card statement(s) AND receipts, contracts for services or invoices, that correspond with the eligible expenditures. You may redact any non-relevant records on the bank statements; however, the account holder name and last four digits of the account number must be visible. Neither cash transactions nor cashier's checks will be reimbursed.
- ✓ **Documentation** of publicity, programs, press materials, reviews, including any material that documents credit to the City of Kansas City, Missouri
- ✓ **Financial Statement** (*required only for contracts in the amount of \$20,000 or greater*). The form can be found online at <http://kcmo.gov/citymanagersoffice/ntdf/contractor-requirements>.

IMPORTANT NOTE: Final Reports not received within 90 days of the last day of the project will not be accepted and payment may be forfeited. If an organization fails to submit a final report, they may be found in default and may not be considered for an award for one year following the year in which contractor received its last award.

SECTION I. ORGANIZATION INFORMATION

Contract Number:

Organization Name:

Project Title:

Project Date(s):

(format: xx/xx/xxxx to xx/xx/xxxx)

Primary location of the final project:

Street Address:

City:

State:

Zip Code:

City Council District(s) of final project *(mark all that apply)*:

1 2 3 4 5 6

Contact Person* (person completing form):

Telephone:

Email:

President/Executive Director/CEO*:

Treasurer, if applicable:

* NOTE: If the Contact Person **or** Executive Director/CEO has changed since submission of application, you must log in to the NTDF system at www.kcmontdf.org to update the user profile information.

SECTION II. FINAL PROJECT NARRATIVE

Provide a brief narrative of the actual event(s) activities that occurred related to the project.

What aspects of the project were different than originally proposed in the NTDF application?

What were the accomplishments related to the stated project goals (both those that met or exceeded expectations)?

Please describe any unforeseen circumstances encountered during project planning or production (i.e. weather, costs, delays, etc.) and how the circumstances were addressed:

SECTION II. FINAL PROJECT NARRATIVE *(Continued)*

Please describe the overall economic, social and/or community impact of the project, and how the impact was measured:

What, if anything, will be done differently to improve the project in following years?

SECTION III. AUDIENCE DATA

(Include only verifiable project related data – do no inflate)

Audiences Directly Served:

(Audience are those who directly participated or experienced the project, do not include marketing reach.)

Total number of audience members directly served:

Was this a significant change from last year? Yes No N/A

If yes, was the change an increase or a decrease?

If yes, amount of Increase or Decrease

Tourist Information:

Please indicate audience members who are from outside the city of Kansas City, Missouri *(whole numbers only; do not use percentages):*

Number

Regional (visitor traveling from within the 5 county region)

National (visitor traveling from outside the 5 county region)

International (visitor traveling from outside the country)

SECTION III. AUDIENCE DATA *(Continued)*

Audience Demographics *(optional):*

Number

American Indian

Asian

African-American

Latino/Hispanic

White

Multi-Racial

Other

Total

Briefly describe the method of audience data collection (ticket sales, surveys, head count, etc.):

Did you credit the City in all your marketing and publicity materials? *(If yes, please include as part of your attachment materials)* Yes No

Did the project receive any local, statewide, national or international media coverage? If so, list below and attach documentation and/or list a link(s) to television, radio, or social media coverage.

Did this project involve partnering with neighborhood organizations? If so, please list below:

SECTION III. AUDIENCE DATA *(Continued)*

Did this project involve partnering with local businesses, hotels or hospitality organizations?
If so, please list below:

Was any specific outreach to ethnic, minority, underserved communities, or to people with differing abilities achieved? If so, please describe below:

Who was the target audience for the project?*(Select all below that apply):*

- Adults
- Families
- LGBT
- Seniors
- Students
- Underserved populations
- Youth
- Others (please specify)

SECTION III. AUDIENCE DATA *(Continued)*

The Office of Culture and Creative Services is evaluating the capacity and development needs for non-profit organizations. What are the areas of interest for increasing capacity for your organization? *(Select all below that apply):*

Board development and cultivation

City resources

Communications/Marketing

Cultivating neighborhood relations

Festival production

Networking

Non-profit Management

Program Evaluation

Other (please specify):

Were there any follow up meetings or surveys conducted with neighborhood associations or neighborhood businesses to learn about neighborhood impact of the project?

Yes No

If yes, what was learned about neighborhood impact and how was it measure?

SECTION IV. FINAL PROJECT BUDGET

Complete the following form budget form to reflect the actual project budget. Please include all project revenues and expenses, not just NTDF reimbursed expenses.

REVENUE SOURCES	NTDF	Other
1.		
2.		
3.		
4.		
5.		
6.		

TOTAL REVENUE

EXPENDITURES	NTDF	Other
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

TOTAL EXPENDITURES

BALANCE (Revenue – Expenditure)

Total value of In-Kind: products or services:

SECTION V: REIMBURSEMENT REQUEST FORM

Organization Name: _____

Contract Number: _____

Project/Activity Name: _____

Award Amount: _____

Date of Advance Payment (if applicable): _____

Advance Amount (if any): _____

Balance Remaining: _____

Use the following Budget Codes to itemize each vendor and claim amount requested for reimbursement:

- | | | | | |
|-----------------------------|----------------------------|------------------------|----------------------------|--------------------------------|
| A = Postage | B = Entertainment | C = Printing | D = Permits | E = Security |
| F = Equipment Rental | G = Facility Rental | H = Advertising | I = Office Supplies | J = Long distance calls |
| K = Costume Rental | L = Catering | M = Insurance | N = Promotional | O = Exhibit Rentals |
| P = Minor Equipment | Q = Publicity | R = CPA fees | Materials | |

Budget Code	Vendor Name	Claim Amount	City Use Only
Sample: G	Lights & Stage Company	\$400.00	
G	Mr. Microphone Rentals Inc.	\$1,200.00	

For additional line items to be listed for reimbursement requests, continue onto page 2.

Total Payment Request (not to exceed the contract amount)

\$

I certify these costs to be correct and applicable to the above contract. (If using an electronic signature, you will need to save prior to submitting):

Prepared by

Project Director/Coordinator

Date _____

Certified by

President, Treasurer or Board of Director

Date _____

City Use Only: PO # _____

Prepared by _____

Date _____

Approved by _____

Date _____

SECTION V: REIMBURSEMENT REQUEST FORM

Organization Name: _____

Contract Number: _____

Project/Activity Name: _____

Award Amount: _____

Use the following codes to itemize each vendor and expenditures with the eligible line item category:

- | | | | | |
|-----------------------------|----------------------------|------------------------|----------------------------|--------------------------------|
| A = Postage | B = Entertainment | C = Printing | D = Permits | E = Security |
| F = Equipment Rental | G = Facility Rental | H = Advertising | I = Office Supplies | J = Long distance calls |
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Budget Code	Vendor Name	Claim Amount	City Use Only
<i>Sample: G</i>	Lights & Stage Company	\$400.00	
G	Mr. Microphone Rentals Inc.	\$1,200.00	
Subtotal		\$	

(Form Update 7.17.2019)