

Neighborhood Associations of Muskegon BUDGET REPORT CERTIFICATION PAGE (Select One)



☐ MID-YEAR REPORT (January 1 thru June 30)
☐ YEAR END REPORT (July 31 thru December 31)

| RECIPIENT INFORMATION | | | |
|--|--|------------------------------------|--|
| Neighborhood Association | | | |
| | | | |
| Contact Person for this Report | Title | | |
| | | | |
| Street Address | City | Zip Code | |
| | | | |
| PO Box | City | Zip Code | |
| | | | |
| Home Phone # | Work/Cell # | | |
| () | () | | |
| E-mail Address | | | |
| | | | |
| REPORT CHECKLIST: Please make sure the | following are completed be | fore submitting this report. | |
| Certification Page – Completed an | d Signed | | |
| | Answer ALL Mid-Year/Year-End Questions | | |
| Describe Events/Projects/Program | | | |
| Complete Mid-Year/Year End Expe | | | |
| Include COPIES OF Receipts – ORIO | | E ACCEPTED. Bank statements are | |
| also required. | | | |
| Explanation of Unspent Funds | | | |
| Include Copies of: Newsletters, Bo | ard/General Meeting Minut | es, as well as any other requested | |
| documents. It will clearly be indicated what is being requested. | | | |
| | | | |
| PLEASE READ AND SIGN | | | |
| | | | |
| | | hood Association, hereby submit | |
| the Neighborhood Empowerment Grant I | Program Mid-Year/Year-End | Budget Report. To my knowledge, | |
| it is complete and accurate. | | | |
| Signature | Date | | |
| Printed Name | Printed Name Title | | |

City of Muskegon – Development Services Division

933 Terrace Street Muskegon, MI 49443-0536 Phone: (231) 724-6702 www.shorelinecity.com

REPORTS ARE DUE BY: AUGUST 15, 2025

RETURN THIS FORM WITH YOUR MID-YEAR BUDGET REPORT

CONTACT INFORMATION

Contact: Sarah Romine: (231) 724-6760 or sarah.romine@shorelinecity.com

Samantha Pulos: (231)724-6963 or Samantha.pulos@shorelinecity.com

Please note – The "Mid-Year Questions" will apply to any grant monies received and their related activities for 2025. Expenses will be reported SEPARATELY for the NAM \$1500 Grant (as in previous years), the Enhanced, and Earned Grants. Reporting sections will be clearly indicated. No reporting is required for dollars received for the Adopt A Lot portion of the Earned Grant

| ID- | -YEAR QUESTIONS |
|------|--|
| ease | use this section to summarize this year's events, projects and/or programs. |
| • | Explain in summary the successes of neighborhood projects and/or any stumbling blocks that the neighborhood encountered during the year. |
| • | Were you able to use this grant as leverage to receive additional funding? What additional funding did you receive? |
| • | Did you do any type of funding raising activities, what were they and how successful were these activities? If not successful, why? |
| • | Add any other additional information that you believe should be known. Include a closing statement. |

EXPENSE REPORT **Please use additional sheets if necessary**

One of the best ways to manage expenses in your organization is to establish an expense budget and compare that to actual expenses on a line-item basis within the expense budget on a periodic basis. This expense budget spreadsheet allows you to analyze the differences between budgeted and actual expenses, known as variances, to better allocate your resources and manage your finances in the best way to meet your yearly objectives. The budget column amounts should be taken from your 2025 Grant Application. The next 2 columns should be taken from your initial start of the year Expense Report.

- Each line item utilized <u>must have COPY OF receipts</u> to support numbers. Financial statements (bank/credit union) must also be submitted.
- You may use the following Expense Budget Sheet or attach your own.
- For items that do not apply to your organization, please leave blank or mark "N/A" in the Budget Column.

NAM YEAR EXPENSES - \$1500 GRANT

| | Spent January 1 thru | | | |
|------|----------------------|-------------|---------|--------------------|
| ITEM | | 2025 Budget | June 30 | Difference (+ / -) |
| | | <u> </u> | | |
| 1. | Advertising | | | |
| | J | | | |
| 2. | Dues/Subscriptions | | | |
| | | | | |
| 3. | Insurance | | | |
| | | | | |
| 4. | Maintenance/Repairs | | | |
| | | | | |
| 5. | Newsletters | | | |
| | | | | |
| | Printing/Delivery | | | |
| | | | | |
| | Postage/Permit | | | |
| | | | | |
| 6. | Office Supplies | | | |
| | | | | |
| 7. | Rent | | | |
| | | | | |
| 8. | Telephone | | | |
| | | | | |
| 9. | Utilities | | | |

EVENTS

| | | SPENT JANUARY 1 | |
|---------------|-------------|-----------------|------------------|
| ITEM | 2025 BUDGET | THROUGH JUNE 30 | DIFFERENCE (+/-) |
| | | | |
| Event: | | | |
| | | | |
| Food | | | |
| 1000 | | | |
| _ | | | |
| Entertainment | | | |
| | | | |
| Equipment | | | |
| | | | |
| Other | | | |
| | | | |
| Other | | | |
| Other | | | |
| | | | |
| Event: | | | |
| | | | |
| Food | | | |
| | | | |
| Entertainment | | | |
| | | | |
| Equipment | | | |
| Equipment | | | |
| | | | |
| Other | | | |
| | | | |
| Other | | | |
| | | | |

NEWSLETTERS

GRAND-TOTAL

Please provide copies of your Neighborhood Association Newsletters from January to June. If this is done electronically (i.e. Facebook/email), proof should be submitted in the form of electric files, links, or screenshots.

COPIES OF BOARD MINUTES/MEMBER LIST

Please provide a copy of the minutes from your neighborhood association's board meeting. Please provide a contact list (name, position, address, phone number and e-mail address) for each board member as of the end of December.

COPY OF GENERAL MEETING MINUTES

Please provide a copy of the minutes from your neighborhood association's general meetings from January to June or an explanation of why you did not meet.

Enhanced Grant Questions

To be eligible for the Enhanced Neighborhood Grant, the Neighborhood Association must undertake a fundraising campaign, raising at least \$250 of private donations for the neighborhood association.

Please indicate what type of fundraising, dates and dollar amount were raised:

| TYPE OF FUNDRAISING | DATES | AMOUNT \$ RAISED |
|---------------------|-------|------------------|
| | | |
| | | |
| | TOTAL | \$ |

How many activities were indicated on your NEP Enhanced Grant Application?

| • | | • | | |
|------------|-----------|-------------------|-------------------|---------------------|
| CHOOSE ONE | 3 - \$750 | 4 or more -\$1250 | 7 or more -\$2000 | 10 or more - \$3000 |

How many activities were successfully completed? _____

For each activity, please give total dollars spent, including COPIES of receipts OR attach proof of activity. Proof can be date, activity, contact person (i.e. Fire Hydrants/Farmers Market Volunteer Contact). No original receipts will be accepted. If you are unsure if an activity qualifies, please ask for clarification/confirmation. Attach additional sheets if necessary.

What were the activities? Please list below:

| ACTIVITY | DATE(S) | AMOUNT SPENT |
|----------|---------|--------------|
| | | |
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Please note activities to satisfy the Enhanced Grant Program can have taken place anytime during 2025, final count will to satisfy participation requirements will be on your Year-End Reporting form.

Earned Grant Questions

Earned Grant Funds <u>MAY</u> be rolled over from year to year. Spending of funds from the Adopt A Lot portion of the Earned Grant does not have to be reported. *However, any fundraising match, or other beautification-related activities do.*

For each activity, please give total dollars spent, including COPIES of receipts OR attach proof of activity. No original receipts will be accepted. If you are unsure if an activity qualifies, please ask for clarification. Attach additional sheets if necessary. *Please note: activities to satisfy the Earned Grant can have taken place anytime during 2025.*

FUNDRAISING MATCH: please complete if your NA received \$500 for successfully raising more than \$1500 of non-city funds for youth-related activities. Tell us how: Type of Fundraising Campaign(s) Date(s) **Amount Raised** Did your NA receive at least \$2000 in Enhanced Neighborhood Grants? _____YES ____ NO Amount Received: **BEAUTIFICATION-RELATED ACTIVITIES: CASE-BY-CASE BASIS** Type of Activity/Date(s) Location **Amount Received Total Cost** PLEASE ADD, EXPLAIN, OR ILLUSTRATE ANYTHING THAT WILL FURTHER REPORT YOUR USE OF GRANT **MONIES:**