

ATTACHMENT F

ANCILLARY REVENUE REPORTING FORM – SAMPLE

**“Project Name”
(CPB ID NO. XXXXX-XXX)**

(amounts provided are for illustrative purposes only)

Grantee Name:	
Street Address:	
City, State and Zip:	
Project Title:	
CPB ID Number:	
Reporting Period:	

Total Allowable Recoupment Amount ¹ for this Grant (per Sec. 6.2 of Agreement):	variable
Total Allowable Retention Amount for this Grant (per Sec. 6.4 of Agreement):	\$250,000.00

Gross Proceeds*	
less <i>Direct Ancillary Costs*</i>	
Net Proceeds* for current reporting period	
total Net Proceeds previously received	
total Net Proceeds Received to Date	
Maximum Total of Recoupment/Retention Amounts*	
Amount Subject to CPB Share* (if negative, insert zero)	
CPB Share %	
Amount Due CPB (if negative, insert zero)	

	Year 1	Year 2	Year 3	Year 4
	\$12,000.00	\$20,000.00	\$50,000.00	\$600,000.00
	\$8,000.00	\$10,000.00	\$7,000.00	\$3,000.00
	\$4,000.00	\$10,000.00	\$43,000.00	\$597,000.00
	\$0	\$4,000.00	\$14,000.00	\$57,000.00
	\$4,000.00	\$14,000.00	\$57,000.00	\$654,000.00
	\$250,000.00	\$250,000.00	\$250,000.00	\$250,000.00
	\$0	\$0	\$0	\$404,000.00
	20%	20%	20%	20%
	\$0	\$0	\$0	\$80,800.00

I hereby certify that the stated amounts in this report are true, complete and accurate.

Name: _____

Title: _____

Date: _____

For questions or an electronic version of this report (in Excel), contact CPB’s Office of Business Affairs or a CPB Project Officer.

All italicized terms marked with an asterisk (*) are defined in CPB's Terms and Conditions (<http://www.cpb.org/grants/managing-your-grant>) or the applicable Grant Agreement.

¹ The lesser of: (A) Grantee’s Guarantee, as defined in the Budget, if any, or (B) the actual amount of Grantee’s Grant Project production deficit