

2009 PLANNING CHALLENGE GRANTS FINAL PROJECT REIMBURSEMENT REQUEST

Grantee Name: _____ Project Manager: _____

Phone Number: _____ E-mail Address: _____

Cooperative Agreement Duration: _____ to _____

Reimbursement Request Number: _____

On the basis of the attached documentation of expenditures, the Grantee requests a reimbursement payment in the following amount for allowable costs the Grantee has incurred in executing the Cooperative Agreement:

Amount Requested for Reimbursement: _____

	Grant Award	Required Local Match	Total
Total Project Costs			
Billed Previously			
Billed this Request			
Remaining Amount			

The above-named Grantee certifies that:

1. All funds expended were utilized solely for allowable project costs as defined in the Cooperative Agreement.
2. All funds were expended in accordance with applicable state and federal laws and regulations.
3. All work tasks called for under the Cooperative Agreement have been satisfactorily completed.
4. Based upon documentation submitted, the Grantee has contributed not less than 20% of the total cost of the project. Final reimbursements will not be approved until the entire project match amount has been documented.
5. Grantee agrees to retain all records pertaining to expenditures under the Cooperative Agreement for not less than three (3) following the end date of the Agreement.

Signature of Grantee Authorized Representative

Date

Print Name and Title

Please attach the following:

1. An invoice from the Grantee for the reimbursement time period. All project related expenditures should be itemized and identified as reimbursable or match. All requests for reimbursement must include documentation of the required match expended during the reporting period. If identified as meeting the required match, specify cash payment, third party donation or in-kind labor.
2. Source documentation for all expenses shown on the invoice including the executed contract between the Grantee and any consultant, itemized invoices from consultants or suppliers and cancelled checks or other proof of payment. In-kind match from a third party donation should include documentation from the third party of the date, value and duration of the donation. In-kind labor utilized should include dates, name and title of worker, project activity, number of hours, and hourly rate claimed, and should be accompanied by time sheet records and payroll information sufficient to show actual expenses.
3. All work products outlined as deliverables in the Cooperative Agreement.

Please return completed report to:

Karen Scott

Statewide Planning Program

One Capitol Hill

Providence, RI 02908 or submit the report electronically to kscott@doa.ri.gov.

Please contact Karen Scott at 222-4411 with questions.