

## CONTRACTOR'S REQUEST FOR REIMBURSEMENT (CRR)

Use this form for Partner, Project, Bridge and Arts Education Grants

REQUIRED GRANTEE INFORMATION <i>Enter information exactly as it appears on the GCA contract</i>	
<b>GCA Contract Number:</b> FY _____ - _____ <small>(found at the top of your contract)</small>	Is the following a new address? <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Organization Legal Name:</b> _____	
<b>Contact Person:</b> _____	
Mailing Address: _____	City: _____ Zip: _____
Physical Address: _____	City: _____ Zip: _____
Phone 1: _____	Phone 2: _____
email: _____	website: _____
<i>Please make sure the address above and vendor form address match</i>	

REQUEST CALCULATIONS
<b>Reporting Period:</b> <i>The dates in which expenses were incurred (M/D/YYYY)</i> From: _____ To: _____
Is this CRR the final request submitted with the Final Report: <input type="checkbox"/> yes <input type="checkbox"/> no <i>Follow the instructions for each line to determine the amount allowed for reimbursement.</i>
<b>1. Funding amount awarded in contract:</b> \$ _____
<b>2. Actual expenses incurred for contract to date:</b> \$ _____
<b>3. Request Amount:</b> \$ _____
<ul style="list-style-type: none"> <li>• For FY22 Project or Arts Education Grants, the request amount may not exceed 66% of the expenses listed in line #2.</li> <li>• The request amount in line 3 may not exceed 50% of the expenses listed in line #2</li> <li>• Organizations may request only up to 90% of the total contract amount prior to filing the Final Report</li> <li>• The final 10% of the total contract amount should be requested when the Final Report is submitted</li> </ul>

GCA ADMIN USE ONLY			
Fund Source: # _____	\$ _____	Project #: _____	Purchase Order #: _____
Fund Source: # _____	\$ _____	Project #: _____	Vendor #: _____
Program: 146801	Dept: 4293201010	Acct: 707012	Class: 315
Signature: _____		Date: _____	

*This document must be signed in by one of the two authorized persons who are listed in the original grant application form or the most recent Change of Information form.*

*"I certify that the above statements are true and correct to the best of my knowledge and belief."*

**REQUIRED SIGNATURE OF AUTHORIZATION:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms must be e-mailed to Delilah Johnson-Brown at [dbrown@gaarts.org](mailto:dbrown@gaarts.org) unless it is a request for the final payment.  
 Final payment requests must be attached to the final report.

**Please note: It may take up to eight weeks to receive a payment after submitting a CRR.**