



CONTRACTOR'S REQUEST FOR REIMBURSEMENT (CRR)
Use for Bridge Grants supported by ARP Funds

REQUIRED GRANTEE INFORMATION *Enter information exactly as it appears on the GCA contract*

GCA Contract Number: FY22 B -ARP

Organization's Legal Name: _____

Contact Person Name: _____ Title: _____

Mailing Address: _____

City/State: _____ Zip: _____

Physical Address: _____

City/State: _____ Zip: _____

Phone: _____ email: _____

REQUEST CALCULATIONS

Follow the instructions for each line to determine the amount allowed for reimbursement.

1. Funding Amount Awarded in Contract: \$ _____

2. Request Amount: \$

The request for reimbursement for the ARP-funded Bridge Grant should be the full amount of the grant.

GCA ADMIN USE ONLY

Fund Source: # \$ _____ Project: # _____ Purchase Order #: _____

Fund Source: # \$ _____ Project: # _____ Vendor #: _____

Program: 1461801 Dept: 4293201010 Acct: 707012 Class: 315

Signature: _____ Date: _____

This document must be signed by one of the two authorized persons listed in the original grant application form or added with 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 and Title: _____ Date: _____

Completed forms must be attached to the FY22 Bridge Grant contract package return form and final report.

Upload the form at: <http://gaarts.org/apply>

0717/21

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