

## CONTRACTOR'S REQUEST FOR REIMBURSEMENT (CRR)

Use this form for Cultural Facilities Grants

REQUIRED GRANTEE INFORMATION <i>Enter information <u>exactly</u> 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. If your address or banking information has changed, please complete and submit a new Vendor Management Form with this CRR.</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> \$ _____ <small>This is the total expenses for the funded project for the reporting period (not just grant funds spent to date).</small>
<b>3. Request Amount:</b> \$ _____ <ul style="list-style-type: none"> <li>For Cultural Facilities Grant recipients with organization budgets below \$500,000, the request amount in line 3 may not exceed 66% of the expenses listed in line 2.</li> <li>For Cultural Facilities Grant recipients with organization budgets above \$500,000, the request amount in line 3 may not exceed 50% of the expenses listed in line 2.</li> <li>The request amount (line 2) may not exceed 90% of the funding amount awarded in contract (line 1)</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>

FOR GCA ADMIN USE ONLY		
<b>Approved by Grants Specialist</b>  Signature: _____	<b>Approved by Grant Program Manager</b>  Signature: _____	<b>Approved by Executive Director</b>  Signature: _____

*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: \_\_\_\_\_

*Initial CRR forms must be e-mailed to Allen Bell at [abell@gaarts.org](mailto:abell@gaarts.org) with receipts totaling the amount on Line 2. Final payment requests must be attached to the final report with receipts totaling the amount on Line 2.*

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