

CONTRACTOR'S REQUEST FOR REIMBURSEMENT (CRR)

Use this form for Project, Bridge and Arts Education Grants

REQUIRED GRANTEE INFORMATION <i>Enter information <u>exactly</u> as it appears on the GCA contract</i>	
GCA Contract Number: FY _____ - _____ <small>(found at the top of your contract)</small>	Is the following a new address? <input type="checkbox"/> yes <input type="checkbox"/> no
Organization Legal Name: _____	
Contact Person: _____	
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
Reporting Period: <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>
1. Funding amount awarded in contract: \$ _____
2. Actual expenses incurred for contract to date: \$ _____ <small> • For Bridge Grants, this is the organization's total expenses for the reporting period. • For Project and Arts Education Grants, this is the total expenses for the funded project for the reporting period (not just grant funds spent to date). </small>
3. Request Amount: \$ _____ <small> • For FY23 Project or Arts Education Grants, the request amount may not exceed 66% of the expenses listed in line #2. • For Bridge Grants, the request amount in line 3 may not exceed 50% of the expenses listed in line # 2. • Organizations may request only up to 90% of the total contract amount prior to filing the Final Report • The final 10% of the total contract amount should be requested when the Final Report is submitted </small>

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

This document must be signed 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 at gcaforms@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.