

## CONTRACTOR'S REQUEST FOR REIMBURSEMENT (CRR) FORM

Use this form for GOS, Project, and Arts Education Grants

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

GCA Contract Number: FY \_\_\_\_\_ - \_\_\_\_\_ Is the following a new address? ☐ yes ☐ no  
(found at the top of your contract)

Organization Legal Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

email: \_\_\_\_\_ website: \_\_\_\_\_

*Please make sure the address above and SCR Form address match. If your address or banking information has changed, please complete and submit a new Supplier Change Request (SCR) Form with this CRR.*

### REQUEST CALCULATIONS

Reporting Period: *The dates in which expenses were incurred (M/D/YYYY)* From: \_\_\_\_\_ To: \_\_\_\_\_

Is this CRR the final request submitted with the Final Report: ☐ yes ☐ no

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

1. Funding amount awarded in grant contract: \$ \_\_\_\_\_

2. Actual expenses incurred for funded project to date: \$ \_\_\_\_\_

- For GOS Grants, this is the organization's total expenses for the identified eligible expenses.
- For Project and Arts Education Grants, this is the total expenses for the funded project to date.
- All CRR Forms must be submitted with receipts that equal the total in line 2.

3. Request Amount: \$ \_\_\_\_\_

- For FY26 Project or Arts Education Grants, the request amount in line 3 may not exceed 66% of the total actual expenses listed in line 2.
- For GOS Grants, the request amount in line 3 may not exceed 50% of the total actual expenses listed in line 2.
- Organizations may request only up to 90% of the total grant amount in line 1 prior to filing the Final Report.
- The final 10% of the total grant amount should be requested when the Final Report is submitted.

### 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](mailto: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.***