

VIBRANT COMMUNITIES GRANT - REQUEST FOR REIMBURSEMENT FORM

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. Original amount of grant awarded: \$ _____

2. Total expenses incurred for project as of today: \$ _____

This is the total expenses for the funded project for the reporting period (not just grant funds spent to date). **Receipts equal to the total on line 2 must accompany the form.**

3. Total amount requested from GCA*: \$ _____

***If this is the first time you have requested a payment for your Vibrant Communities grant,** the amount requested from GCA must be no more than **66%** of the total grant and no more than **66%** of the total expenses incurred for the project as of today.

***If this Request for Reimbursement is being submitted along with your Final Report,** you should calculate the grant amount you are requesting by subtracting any grant payments that you have already received from the total grant amount.

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 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 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.