**Office Use:**
**Date Received_____ Grant #_____ Name_____ Amount Approved_____**

**Notes_____**

# MOUNT PULASKI ECONOMIC DEVELOPMENT AND PLANNING BOARD REIMBURSEMENT FORM

**Reimbursement Procedure**
***Because these funds are for economic development, it is recommended that, whenever possible, the awarded amount be used at local businesses.***

Reimbursements of awarded funds per the following:

1. Upon completion of a project or event, recipients must submit:
    a. Completed Reimbursement Form
    b. Copies of all project or event-related invoices or receipts. If awarded a percentage of a project or event, that percentage of invoices will be paid up to the maximum amount of the award.
    c. Report on other donations or funds received for the project or event from other sources.
    d. Photos of completed project work, if applicable.
2. Submit to Mount Pulaski City Hall, Attention: EDPB, at 113 S Lafayette St, Mount Pulaski, IL 62548, or email to edpb@cityofmtpulaski.com. Emails must contain scanned documents. Photos of documents will not be accepted.
3. Receipts must be submitted by or before 30 days following completion of the project or event. **Reimbursement will be issued at EDPB's monthly meetings. Reimbursement requests must be received by 4:00 pm on the Monday before the EDPB meeting that is being held on the second Wednesday of each month.** City of Mt. Pulaski - Calendar of Events.
4. A 30-day extension for submitting receipts beyond the original reimbursement period may be asked for and granted if circumstances are deemed to warrant it.
5. After review and approval of the receipts, the EDPB treasurer will pay the amount of the approved grant, per receipts and invoices submitted. No payments will be made without corresponding receipts and/or invoices.

**DATE: _____**

**Name: _____**

**Organization/Business Name: _____**

**Address To Mail Payment: _____**

**City: _____ State: _____ Zip: _____**

**Phone: _____ Email: _____**

**Project or Event Name: _____**

**Is your project completed? Yes No Date Completed: _____**

**Please answer the following questions when the project is complete:**

**Did your project goal(s) remain the same? Yes No**

**If no, please explain. _____**

**_____**

**Do you feel the community Impact/Benefit of this project has been met? Yes No**

**If no, please explain. _____**

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**Additional Comments_____**

**_____**

**Did you receive Matching Funds/Support from other Organization/Business? Yes No**

**Amount: _____**

**In-Kind Support from You or other Organization/Business? Yes No**

**Value of In-Kind Support: _____**

**Did you receive any other donations or funds for your Project? Yes No**

**Amount received: _____**

**Total amount spent on project: _____**

**By signing below, you agree that you have completed the reimbursement form to the best of your ability and included required information and documents to receive payment.**

**_____**
**Signature**