

Office Use:
 Date Received _____ Grant # _____ Classification _____

MOUNT PULASKI ECONOMIC DEVELOPMENT AND PLANNING BOARD COMMUNITY GRANT REIMBURSEMENT FORM

Reimbursement Procedure

Reimbursements of grant awards 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 granted a percentage of a project or event, that percentage of invoices will be paid up to the maximum amount of the grant.
 - c. Report of other donations or funds received for the project or event.
 - d. Photos of completed project work.
2. Submit to: Mount Pulaski City Hall-Attention: EDPB Grant Program, 113 S Lafayette St, Mount Pulaski, IL 62548, or email to edpb@cityofmtpulaski.com.
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 request must be received by 4:00 pm on the first Tuesday of the month to be approved and issued at the EDPB meeting on the first Wednesday of the month.**
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 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 project is complete and submitting final reimbursement request:

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. _____

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: _____

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