



Greenspace Equity Program (GEP)

Request for Reimbursement Stewardship/Development Projects

Project #	Reimbursement #	Final reimbursement?
<p style="text-align: right;">If yes, when was the project completed?</p> <p style="text-align: right;">Attach photos of the completed project and the grant acknowledgement sign.</p> <p style="text-align: right;">Please confirm that any remaining funds after final reimbursement can be reverted to close the grant. Also include an explanation for the reversion.</p> <p style="text-align: right;">Initial Here</p>		
Project Title:		
Payable to:		Federal ID:
Street Address:		
City/Town:	State:	Zip Code
Project Coordinator	Name:	Title:
Phone:	E-mail:	

SECTION I – Contract Costs and Direct Purchases:

Please submit one (1) copy of the following documentation **in chronological order** and complete the cost summary below:

1 - Invoice or contractor's "Requisition for Payment" for supplies, materials, services rendered, or equipment rental.

Please itemize each invoice and associated amount for costs incurred on the project in the summary below. If the invoice includes costs for multiple projects, please clearly identify the costs associated with this project and only include the amount requested for reimbursement on this form.

2 - Copy of canceled checks or proof of payments for all items under #1 above. Attach copies of the canceled checks to the invoice or "Requisition for Payment". If check amounts are greater than the invoice(s) please write the amount applicable on the check copy and circle the amount.

3 - Cost Summary:

Vendor or Contractor	Invoice #	Invoice Date	Amount
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[Click here if you need more lines \(on the 4th page\)](#)

Total:

SECTION II – Force Account/In-Kind Services/In-House Labor and Equipment:

If work has been accomplished using in-house labor and equipment, submit the following documentation and fill in totals below. Note that contributed services or donated materials for a project obtained without cost to the applicant are not reimbursable. This documentation must be directly available from a payroll or accounting system where labor and equipment hours are attributed to specific projects at the time costs are incurred. If the organization does not have a payroll system, please use the provided GEP Project Timesheet to record work hours and rates for each individual.

1 - A list or computer printout of individuals working on this project to include: job function, dates and hours each individual worked hourly rate and total paid.

2 - A list or computer printout of equipment used, dates and hours operated on this project. Usage rates should be based on current schedules within the County or Town. Indicate the source for rates used.

Total Labor Cost

Total Equipment Cost

Section II Total

SECTION III – Summary

Total Sections I plus II

Total Administrative Costs

(Cannot exceed 3% of Sections I+II and only if included in the application and approved by the Board of Public Works.)

Total Reimbursement Eligible

Total Reimbursement Requested

If the Total Reimbursement Requested is greater than the amount remaining on the grant. The reimbursed amount will be the remaining amount of the grant.

Note: Any support documents for costs submitted on this project, such as contracts, change orders, bid tabulations, labor and equipment records, must be retained by the grant recipient for three years after final reimbursement.

IF YOU ARE UNABLE TO DIGITALLY SIGN THIS DOCUMENT PLEASE COMPLETE THE REST DIGITALLY. THEN PRINT/SIGN/SCAN THIS PAGE AND EMAIL WITH THE REST OF THE FORM.

Payment Certification: I hereby certify that the costs submitted for reimbursement are true and correct, and that all payments have been made to all persons, vendors and contractors engaged in this project in accordance with local government procurement procedures, all applicable Local, State and Federal statutes and regulations, and the Greenspace Equity Program Grant Application and Project Agreement and attachments.

Signature of Local Government Fiscal Authority
or of Project Coordinator

Typed Name

Title

Date

FOR DNR USE ONLY

Program Administrator:

Signature

Date

Fiscal Administrator:

Signature

Date

**OPTIONAL: EXTRA COSTS IF MORE SPACE WAS NEEDED
AFTER PAGE 2** (check the box at the bottom of page 2 for these fields to appear)

Cost Summary (Additional Items)

Vendor or Contractor	Invoice #	Invoice Date	Amount
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