# **CCCHP Grant Program**



## **REIMBURSEMENT REQUEST**

Grantee:	ntee: Grant Number:				
Address:		Granting Period			
Project:		From:	To:		
Vendor Number:		Request Number: _	Date:		
Fill out budget categories or	n the following pages to	auto-populate this sec	ction Total		
1. Total project funds (CCCF	HP Grant & Match)				
2. Total project funds spent t	his grant period (CCCH	P Grant & Match)			
3. Total project funds previou	usly spent (CCCHP Grar	nt & Match)			
4. Total CCCHP Grant funds	s spent to date				
5. Total Match claimed to da	te (Cash & In-kind)				
6. Remaining balance of Mat	tch				
7. Remaining balance of CCC	CHP Grant funds				
Category and Budgeted Am Previously Reimbursed is the Funds to be Reimbursed this. Be sure to attach receipts a Balance Remaining is autor and Funds to be Reimburse	he total of what has alrea  is Period are the expenses  and proof of payment for  matically calculated. It is	dy been claimed by the sthat are being reimbur	grantee for that category.		
certify that to the best of my kno inpaid obligations are for the pur			*		
Print Name/ Title	Signature				

CCCHP Handbook - Reimbursement Request pages 24 and 34.

## **CCCHP Grant Program**



## REIMBURSEMENT REQUEST CONT.

Grant Number:	Re	equest Number: _	Date: _		
CCCHP Grant Share (Please attach backup documentation)					
		Previously	Funds to be		

Category	Budgeted Amount	Previously Reimbursed (Cumulative)	Funds to be Reimbursed This Period	Balance Remaining
a. Roofing Materials	\$10,000.00	\$4,000.00	\$1,000.00	\$5,000.00
Total				

## Match (Please attach backup documentation)

Category	Budgeted Amount	Previously Reimbursed (Cumulative)	Funds to be Reimbursed This Period	Balance Remaining
a. Roofing Labor	\$5,000.00	\$0.00	\$1,000.00	\$4,000.00
Total				