



# Grant Program Reimbursement Request

## PARKS AND RECREATION DEPARTMENT

SFN 59174 (7-09)

This form is for a project sponsor to request reimbursement for work completed on an approved grant. Please note the dates of all expenditures must be on or after the project approval date.		
Project Number		Date
Project Name		Request #
Project Sponsor Name		
Responsible Official (Last, First, Middle)		Responsible Official's Title
Project Sponsor Address		
City	State	Zip Code
Telephone Number		Email Address

### Supporting Documentation

Supporting documentation must be included for each item claimed for reimbursement. Supporting documentation includes the items listed below as applicable. Please check in the yes or no column to ensure all proper documentation is included for submission.	Yes	No
Affidavit of publication, supplied by newspaper when advertising for bids		
Minutes of public meetings at which action is taken on bids received and supporting bid tabs		
Contractor invoices (or final progress payment, if countersigned by contractor acknowledging payment of all prior charges, and if the cost of each major work item is shown) and cancelled checks to contractor (copy of both sides)		
All other cancelled checks (copy of both sides) with corresponding copies of invoices (no monthly statements).		
Equipment rental time records		
Documentation of Donated Equipment Value, SFN 59169		
Documentation of Donated Labor, SFN 59170		
Documentation of Force Account Labor, SFN 59171		
Documentation of Donated Materials, SFN 59172		

**Please proceed to page 2. Once page 2 is completed, please indicate the local match percent below and sign and date the financial request.**

### Financial Request

Total Funds Spent this Request (Totaled from Page 2 – Do Not Fill In) \$ _____	Local Match Percent (Select one, please note the percent of local match is indicated on the project approval letter)	
Reimbursement Requested \$ _____	20%	50%
Signature of Responsible Official	Date	
Department Staff Review (Name)	Signature	Date

Continued on Page 2

**Itemized Expense List**

Please list all expenses. For each item listed, any applicable supporting documentation listed on page 1 must be attached to this form in the order listed below. While force account and other in-kind donations are not eligible for reimbursement they may be used for match and should be listed.

	<b>Vendor or Grant Form</b>	<b>Description</b>	<b>Cost or Value</b>
<i>Ex.</i>	<i>Force Account Labor</i>	<i>Staff time to build fence</i>	<i>\$3100.00</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
<b>Total of all costs listed</b>			

**Please return pages 1 and 2 along with required supporting documentation to:**  
 North Dakota Parks and Recreation Department  
 Recreation Division  
 1600 E. Century Ave. Suite 3  
 Bismarck, ND 58503-0649