GRANT PROGRAM REIMBURSEMENT REQUEST

NORTH DAKOTA PARKS AND RECREATION DEPARTMENT

SFN 59174 (5-2014)

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	Project Name		Date	
Project Sponsor Name		Reimbursement Request Number ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Final		
Responsible Official (Last, First, Middle)		Responsible Official's Title		
Project Sponsor Address (where reimbursement should be sent)		City	State	ZIP Code

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 below to ensure all proper documentation is included for submission.

Supporting Documentation	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 Material, SFN 59172		

☐ By checking this box, I (as named below) acknowledge and agree that the information provided is accurate.

Print Name	Date

Please proceed to page 2.

FOR OFFICE USE ONLY ***(boxes below to be completed by ND Parks and Recreation, Grants Division)***

Financial Request

Total Eligible Expenses	Total Match (Donated In-Kind, Force Account, Funds)
Local Match Percent ☐ 20% ☐ 50%	Amount Reimbursed

Review/Approval

Department Staff Review (Name)	Signature	Date
Department Staff Final Approval (Name)	Signature	Date

Itemized Expense List

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 may not be eligible for reimbursement, they may be used for match and should be listed.

	Vendor	Description	Cost or Value	*For Office Use Only (check if eligible)*
1.				☐
2.				☐
3.				☐
4.				☐
5.				☐
6.				☐
7.				☐
8.				☐
9.				☐
10.				☐
		Total Itemized Expenses	$0.00	

Total Eligible Expenses - Itemized
(For Office Use Only) $0.00

Provide a brief description and appropriate cost or value, as necessary.

	Title, State Form Number (SFN)	Description	Cost or Value	*For Office Use Only (check if eligible)*
1.	Cash Match			☐
2.	Documentation of Donated Equipment Value, SFN 59169			☐
3.	Documentation of Donated Labor, SFN 59170			☐
4.	Documentation of Force Account Labor, SFN 59171			☐
5.	Documentation of Donated Material, SFN 59172			☐
		Total Donated Items	$0.00	

Total Eligible Match
(For Office Use Only) $0.00

Click here to email form to Parks and Recreation