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**Rhode Island Urban & Community Forestry Grant Program
REQUEST FOR REIMBURSEMENT**

PO # _____

Contract start date: _____

Date Invoice Submitted to DFE: _____

<p>_____ Grantee Name</p> <p>_____ Federal Tax ID Number (FEIN)</p> <p><u>REMIT TO ADDRESS:</u></p> <p>_____ Street or PO Box Number</p> <p>_____ City / State / Zip</p>	<p><u>Reimbursement Request</u></p> <p>A. Federal Funds Requested for Reimbursement \$ _____</p> <p><u>Grantee Match</u></p> <p>B. Cash Match \$ _____</p> <p>C. In-Kind Match \$ _____</p> <p>Total Match (B+C) \$ _____ (must equal or exceed reimbursement request amount)</p> <p><u>TOTAL PROJECT COST</u> \$ _____ (A+B+C)</p>
<p><u>For RIDEM-DFE Official Use Only</u></p> <p>Payment Approved by: _____ Date: _____</p> <p>Amount Awarded: \$ _____ Amount Reimbursed: \$ _____</p>	

Grantee Certification: I certify that this request for reimbursement of funds is in accordance with the terms and conditions of the Rhode Island Urban & Community Forestry Grant Program and the rules and regulations set forth by the USDA Forest Service and the United States Office of Management and Budget. I also certify that matching requirements have been met and sufficient documentation exists in our files and are available upon request, or in the event of an audit. I also certify that all data and accomplishments reported are correct.

Instructions

1. Attach copies of documentation for grant expenses: receipts, paid invoices, front and back of cancelled checks, credit card or bank statements, payroll records, etc. **for grant expenses and for match items.**
2. Keep a copy of everything submitted.
3. All project records, including financial records, must be maintained for 5 years beyond project completion.

Print Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date