

# REQUEST FOR REIMBURSEMENT

## Community Firewise and Urban Interface Forestry Grant

Grant Number FUI- \_\_\_\_\_ - \_\_\_\_\_

Contract # \_\_\_\_\_

Reimbursement for period \_\_\_\_\_ through \_\_\_\_\_

<p>Grantee Name _____</p> <p>Federal Tax ID Number (FEIN) _____</p> <p>Street or PO Box Number _____</p> <p>City / State / Zip _____</p> <p>Attention: (Person/Department to receive payment) _____</p>	<p style="text-align: center;"><b>PART II</b></p> <p><b><u>Complete the Following if Requesting Final Reimbursement</u></b></p> <p>Date Project Completed _____</p> <p><u>Total Project Cost (include current and previous amounts)</u></p> <p>A. Federal Share (Total Reimbursements) \$ _____</p> <p>B. Grantee Share (Total Cash Match) \$ _____</p> <p>C. Grantee Share (Total In-Kind Match) \$ _____</p> <p>D. Total Match (B+C) \$ _____ <small>(must equal or exceed Total Reimbursements)</small></p> <p>E. Total Project Cost (A+D) \$ _____</p>
<p style="text-align: center;"><b>PART I</b></p> <p><b><u>Reimbursements Requested Today</u></b></p> <p>A. Federal Funds Requested for Reimbursement (This Period) \$ _____</p> <p><u>Non-Federal Match (This Period)</u></p> <p>B. Cash Match this Period \$ _____</p> <p>C. In-Kind Match this Period \$ _____</p> <p>Total Match this Period (B+C) \$ _____ <small>(must equal or exceed reimbursement request amount)</small></p> <p>Reimbursement Request minus 20% holdback (until project completed) \$ _____</p>	<p><b><u>For NCFS Official Use Only</u></b></p> <p>Payment Approved by: _____</p> <p>Amount: \$ _____</p> <p><input type="checkbox"/> 20% holdback included in final payment</p> <p>Date: _____</p>

Grantee Certification: I certify that this request for reimbursement of funds is in accordance with the terms and conditions of the North Carolina Community Firewise and Urban Interface 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.

\_\_\_\_\_  
Type or Print Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative (sign with **BLUE** ink)

\_\_\_\_\_  
Date

### ***Instructions***

1. Attach Expense and Match Documentation Form (and Manpower and Equipment Documentation if needed).
2. Attach copies of documentation for grant expenses: receipts, paid invoices, payroll records, etc. **for grant expenses and for match items**. Number each receipt item and itemize on the form
3. If requesting final reimbursement, complete Parts I & II of this form, otherwise only complete Part I.
4. If requesting final reimbursement, enclose Final Accomplishment Report, Project Narrative and other required documentation.
5. Keep a copy of everything submitted.
6. All project records, including financial records, must be maintained for 5 years beyond project completion.