



Exterior Enhancement Grant Program

Reimbursement Request Form

Recipient Information

Recipient Name: _____ Date: _____
Last First M.I.

Payee Name: _____

Mailing Address: _____
Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Reimbursement Information

Requested Reimbursement: \$ _____ Request Number _____ of 3

Attachments Checklist

Proof of expense payment

Photo(s) of project status

Recipient Attestation

Were funds requested on this form used solely for the fulfillment of the Exterior Enhancement Grant Program purpose? YES NO

Is this your final reimbursement request? YES NO

If yes – Do you certify the project was completed as described? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or failure to provide post-enhancement updates as required, may result in termination of the grant and repayment of any funds distributed.

Signature: _____ Date: _____