Action Plan Reimbursement Request Form

County____________________ Funding Period: From__________________ To____________________

Action Plan Project _____________________________ Specific date(s) of your project_________________

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<th>ITEM</th>
<th>COST</th>
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TOTAL REQUEST

Make Check Payable To: ________________________________________________________________

Mail Check To: ________________________________________________________________

Proper documentation for each expenditure must be attached. Invoices, purchase orders, packing slips, etc. are considered proper documentation as long as they include name of vendor, date of purchase and dollar amount.

1. Did you complete your project? Yes _____ (Skip to question 3.) No _____ (Skip to question 2.)

2. Do you plan on completing your project?
   Yes _____ (Tell when, how you plan on overcoming the obstacles that prevented you from achieving your goals, then skip to question 7.)

   No _____

3. How many Youth _________, Adults _________ participated in/directly benefited from this project (verified by sign-in sheets)?

4. Describe specifics of this project.

5. What was the most significant, lasting result from this project?

6. List other sponsors/community partners for this project.

7. Name of person submitting this report __________________________________________________

   Contact Phone # ___________________________ Email ___________________________

   Date report completed ________________ Signature ________________

Approved by: ___________________________ Date ___________________________

Coalition Coordinator