

Action Plan Reimbursement Request Form

County _____ Funding Period: From _____ To _____

Action Plan Project _____ Specific date(s) of your project _____

ITEM	COST
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 ie 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