

## Action Plan Reimbursement Request Form

County \_\_\_\_\_ Funding Period: From \_\_\_\_\_ To \_\_\_\_\_

Action Plan Project \_\_\_\_\_ Specific date(s) of your project \_\_\_\_\_

ITEM	COST
<b>TOTAL REQUEST</b>	

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 \_\_\_\_\_      No \_\_\_\_\_

If Yes, describe when and how you plan on overcoming obstacles that prevented you from achieving your goals, then skip to question 7.

3. How many Youth \_\_\_\_\_, Adults \_\_\_\_\_ participated in/directly benefited from this project?  
(Submit copies of 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