

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 _____ No _____

If Yes, describe when and how you plan on overcoming obstacles that prevented you from achieving your goals, then continue to question 4.

3. How many Youth _____, Adults _____ participated in/directly benefited from this project?
(Please submit documentation of attendance.)

4. Describe specifics of this project. (If not completed, briefly explain what you anticipate happening.)

5. What was the most significant, lasting result from this project? (If not completed, what do you hope to achieve?)

6. List any sponsors or community partners for this project.

7. Name of person submitting this report _____

Contact Phone # _____ Email _____

_____ Date report completed

_____ Signature

Approved by: _____ Date _____
Coalition Coordinator