



# County Planning

2079 EAST 9TH ST, 5-300  
CLEVELAND, OH 44115  
216.443.3700

# 2019 HEALTHY URBAN TREE CANOPY GRANT PROGRAM

## REIMBURSEMENT REQUEST

Grant Project Title: \_\_\_\_\_

**GRANTEE NAME & ADDRESS:** Used for issuing payment

**TIME PERIOD:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROJECT TYPE:**

\_\_\_\_\_

\_\_\_\_\_

ITEMIZED EXPENSES: (Receipts AND Proof of Payment Required)	UNIT PRICE:	AMOUNT:	TOTAL EXPENSES:
<b>TOTAL:</b>			

**GRANT PAYMENT TRACKING:** (Grantee to complete)

a. Original Grant Award Amount		\$
b. Funds Received to Date		\$
c. Available Grant Amount (a minus b)		\$
<b>d. Amount of this Reimbursement Request</b>		\$
e. Any Unpaid Prior Request		\$
f. Balance of Grant Funds Available (c minus d + e)		\$
g. Matching Funds Pledge: \$	h. Matching Funds this Invoice: \$	i. Remaining Matching Funds Balance: \$

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

FOR CCPC USE ONLY	
PAYMENT APPROVAL SIGNATURE:	DATE:
IMPLEMENTATION PROJECTS- DATE CONFIRMATION: Proper Planting Technique Followed: _____ Planting Specifications Approved/Followed: _____	