

Green Bay Neighborhoods Mini-Grant Reimbursement Form

I. Organization Information

Neighborhood Association Name: _____

Full Name: _____ Title: _____

Mailing Address: _____

City: _____ ZIP Code: _____

Email Address: _____

Phone Number: _____

II. Funds Requested

Project/Proposal Name: _____

Grant Cycle/Year Awarded: _____

Total Project Cost: _____

Grant Funds Awarded: _____

Total Reimbursement Amount Requested: _____

III. Required Attachments

1. Copies of all receipts and invoices and a separate sheet itemizing the receipts with a total matching the reimbursement amount requested
2. Project recap (i.e. attendance, outcomes) on attached page
3. Project photos or videos (if applicable)

VI. Authorization

_____
Neighborhood Association President Signature

Name: _____ Date: _____

VI. Project Recap

Please include a project recap, including attendance, outcomes, and other information about the project: