

**METRO EAST PARK AND RECREATION DISTRICT  
GRANT REIMBURSEMENT REQUEST FORM**  
(PLEASE TYPE FORM – ONLINE TYPING IS AVAILABLE)

**Submit your request only after the project is complete and a permanent grant acknowledgment sign has been installed at the project site.** Please allow 45 days after the Metro East Park and Recreation District receives this packet for verification of documentation, final approval of the reimbursement request, final site inspection, and actual grant reimbursement payment. The Metro East Park and Recreation District may request additional documentation, which could extend this timeframe.

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

Project Sponsor: \_\_\_\_\_

Project Contact: \_\_\_\_\_

Project Sponsor Address: \_\_\_\_\_

\_\_\_\_\_

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Grant Summary

Total (Actual) Project Cost: \$ \_\_\_\_\_ Grant Reimbursement Request: \$ \_\_\_\_\_

*\* Refer to your approved application to help fill in the blanks below. See page 2 for detailed checklist of supporting documentation to include in your request packet.*

Project Sponsor's required monetary contribution: \$ \_\_\_\_\_ ( \_\_\_\_\_ % of MEPRD grant)

Project Sponsor's actual monetary contribution: \$ \_\_\_\_\_ ( \_\_\_\_\_ % of MEPRD grant)

Total of all non-public monetary grant(s) and/or donation(s): \$ \_\_\_\_\_ (actual)

Total of all federal, state, or local government grants (excl. MEPRD): \$ \_\_\_\_\_ (actual)

Allowable MEPRD Grant Amount: \$ \_\_\_\_\_ (not to exceed \_\_\_\_\_ % of total cost)

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Certification Statement

I do hereby certify that the information presented in this reimbursement request is true and correct. The undersigned acknowledges and represents that he/she has the authority and permission to execute this Reimbursement Request and to bind the organization or entity thereby.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

FOR OFFICE USE ONLY		
Date Received: _____	Verified by: _____	Approved by: _____

## Supporting Documentation Checklist

*In addition to the signed form, enclose this checklist with the following information in your reimbursement request package. The combined totals for all sections below should equal the Total (Actual) Project Cost on page 1. Tabbed sections organized in this order are encouraged and appreciated.*

I. Contracted (Bid) Project Costs  Not Applicable

- A brief yet concise description of each contract
- Proof of bid advertisement(s) from local newspapers/IDOT letting (applicable page only)
- Copies of pay request(s) along with cancelled check(s)

*Note: It may be beneficial to also include an itemized list for ease of review—reports generated from QuickBooks or bank accounts should have applicable items highlighted.*

Total for this section: \$ \_\_\_\_\_

II. Non-Bid Project Costs  Not Applicable

- Itemized list of eligible items
- Copies of invoice(s) along with cancelled check(s)
- Itemized list and documentation of any in-kind labor
- Itemized list of donated time and/or material (not reimbursable)

Total for this section: \$ \_\_\_\_\_ (excluding donated time or materials)

III. Architectural / Engineering Services  Not Applicable

- Copy of signed contract / agreement
- Copy of each pay request and cancelled check(s)

Total for this section: \$ \_\_\_\_\_ Percent allowable (see application): \_\_\_\_\_%

IV. Other costs that are a part of your Grant Reimbursement Request  Not Applicable

- Please itemize and document each

Total for this section: \$ \_\_\_\_\_

V. Photos of the project site / area / development. High-resolution electronic photos are preferred (CDs/USB drives will not be returned).

- At least six (6) from various viewpoints
- At least one (1) of the grant acknowledgement sign (installation of sign is required prior to submitting reimbursement request)

## Mail Reimbursement Packet to:

Metro East Park and Recreation District  
Attn: Jen Cochran, Grant Coordinator  
104 United Drive  
Collinsville, Illinois 62234

## Reimbursement Packet Questions:

Call Jen Cochran at (618) 346-4905 or visit [www.meprd.org](http://www.meprd.org)