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| **Urban and Community Forestry Program Development Final Report/Request for Reimbursement Worksheet** | |
| 1. Contact Information |  |
| 1.1 What is your name? |  |
| 1.2 What is your phone number? |  |
| 1.3 What is your email |  |
| 1. Request for Reimbursement |  |
| 2.1 Grant Agreement Number (UCF-2x-xxx) |  |
| 2.2 What is the name of the organization? |  |
| * **All reimbursements must be for ACTUAL COSTS and the Grand Total should not to exceed the grant award amount. If receipts total more than the grant award amount, the community is responsible for all additional costs.** * **All expenses being reimbursed must have been incurred after the start date and prior to the termination date of the award.** * **All expenses being reimbursed must have documentation for the expense (invoice, receipt or similar) and for the payment (canceled check, accounting report or similar.)** * **Please label your documentation for the category in which it belongs. I.e., a payroll report belongs in the Personnel Expenses, while a milage log belongs in the Operating Costs category.** * **If a receipt includes more expenses than are being claimed for this project, circle the expenses that are to be reimbursed.** * **Please include and label documentation supporting your match claim. If your match obligation is not met DNRC will in accordance with Section 7 DISBURSEMENTS of the grant agreement, withhold up to 10% of the award proportionately.** | |
| 2.3 What is the total award amount of this grant? | $ |
| 2.4 What is the total amount of match? Please include actual cash contributions and the monetary value of in-kind services. Access the hourly rate for volunteer services estimated by the State of Montana HERE. | $ |
| 2.5 What is the total project funding? (The award amount plus the match) | $ |
| 2.6 If any, how much of the award is unused and reverting to DNRC? | $ |
| 2.7 What is the total amount requested in this Request for Reimbursement? | $ |
| 2.8 Complete the Table | See page 2 of this Worksheet |
| 2.9 Upload documentation supporting the request for reimbursement. | Can upload up to 20 files |
| 2.10 Upload Bid Verification form if required. | Can upload 1 file |
| 1. Final Report |  |
| 3.1 Did your project utilize Volunteers? | Yes or No |
| If Yes: |  |
| 3.1.1 How many volunteers worked on this project? |  |
| 3.1.2 How many total volunteer hours were spent on this project? |  |
| 3.1.3 What is the monetary value of the total volunteer hours? Access the hourly rate for volunteer services estimated by the State of Montana HERE. | $ |
| 3.2 How many trees were planted because of this project? |  |
| 3.3 What are the positive outcomes of your project? |  |
| 3.4 Tell us about any challenges your project or team had and how were they resolved? |  |
| 3.5 – Upload any additional requirements mentioned in your grant agreement (i.e., management plan or inventory.) | Can upload up to 5 files |
| 3.6 - Upload any pictures, maps, or medial samples and similar you would like to share. | Can upload up to 10 files |

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| Personnel Expenses by Position: Subrecipient Salary/Wages/Benefits | (A) Quantity | (B) Hourly Rate | (A) X (B) = Reimbursement Requested | Match $ (Cash/In-kind) |
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| $ Total | \_ | \_ |  |  |
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| Operating Expenditures (travel, supplies, rentals ect.) | (A) Quantity | (B) Per piece, # of miles, ect. | (A) X (B) = Reimbursement Requested | Match $ (Cash/In-kind) |
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| $ Total | \_ | \_ |  |  |
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| Contracted Professional Services | (A) Quantity | (B) Hourly rate, per piece, ect. | (A) X (B) = Reimbursement Requested | Match $ (Cash/In-kind) |
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| $ Total | \_ | \_ |  |  |
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| SECTION TOTALS | \_ | \_ | Funds Requested for Reimbursement | Match $ (Cash/In-kind) |
| Subrecipient Salary/Wages/Benefits | \_ | \_ |  |  |
| Operating Expenditures (travel, supplies, rentals ect.) | \_ | \_ |  |  |
| Contracted Professional Services | \_ | \_ |  |  |
| **GRAND TOTAL OF REQUEST FOR REIMBURSEMENT - should match Question 2.4 Reimbursement and 2.5 Match** | \_ | \_ |  |  |