N.C. Forest Service Urban & Community Forestry
Financial Assistance Program

REIMBURSEMENT REQUEST & PROGRESS REPORT

Contract Number: _____

Project Name: _____

Grantee Name: _____

Grant Cost Share % for Grantee: _____

Reporting Period: **Beginning** _____ **Ending** _____

Part I. Reimbursement Request

☐ **No expense reimbursement is being requested for this period.**

Is this the Final Reimbursement Request for this project? ☐ Yes ☑ No
If yes, complete the Final Reimbursement section below.

Reimbursement Request (this period)	**Final Grant Contract Expense Report (entire project)**
A. Expense Report attached? ☐ Yes	Date Project Completed _____
B. Supporting Documents attached? ☐ Yes	Total Project Cost (current + previous reimbursements)
C. Total Amount Being Requested For Reimbursement (This Period) $_____	A. Total Reimbursements Paid $ _____
D. Total Amount Paid by Grantee (This Period) $_____	B. Total Paid by Grantee $ _____
E. Project Income (This Period) $_____	C. Total Project Cost (A+B) $ _____
	D. Total Project Income $ _____

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Request # ____ **Amount Approved:** $ _____ Amount equals requested amount? ☐ Yes ☐ No

If no, explanation:

Payment Approved By: _____ **Date:** _____

Signature: _____

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Part II. Progress Report

1. **Is the project on schedule?** ☑ Yes ☐ No
   List all project objectives by number, below, and the percent (%) complete for each.

Objective #	Percent Complete	Objective #	Percent Complete	Objective #	Percent Complete

2. **Is the project on budget?** ☐ Yes ☐ No

   If you answered "no" to either question above, please provide a summary of why the project is not on schedule and/or on budget in the comments section (#5) below.

3. **Do you need or would you like any assistance from our staff?** ☐ Yes ☐ No

4. **Are there any project events scheduled for the next quarter?** ☐ Yes ☐ No
   If so, please provide the event name/purpose, location, tentative date and time.

5. **Enter any comments or additional information you want to add in closing, below.**

Part III. Grantee Certification

I certify that the reimbursement request and the enclosed report comply with all requirements of the N.C. Forest Service Urban and Community Forestry Financial Assistance Program, USDA Forest Service regulations and federal OMB specifications. I further certify that any applicable documentation is on file and all data provided is accurate and available upon request or for audit.

Print Name (Authorized Representative): _____

Title: _____

Signature: _____ **Date:** _____