



CSFS GRANT REIMBURSEMENT REQUEST PACKAGE

Form 1 of 3

In order for the recipient to receive reimbursement, they **must** provide documentation supporting their costs and corresponding match. Reimbursement requests must be **typed** and contain Forms 1-3, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. Other costs and matching funds incurred by the recipient and/or donated by other resources must also be itemized and receipts provided when possible.

1. Make Payment To:

Name: City of Pueblo

Attn: Mike Sexton

Address: 800 Goodnight

City, State, Zip: Pueblo, CO 91004

2. CSFS Account Number(s): 5314414 CCTT1

3. CSFS Account Title(s): 17CPG LSR Teaming up for Trees

4. Payment Amount Requested: \$7,272.52 **Account Number:**
Account Number:

5. Project Name: Teaming up for Trees - City of Pueblo

6. Project Number (if applicable):

7. Total Award Amount: \$40,543.59 **Account Number:**
Account Number:

8. Reimbursed Amount to Date: \$33,271.07 **Account Number:**
Account Number:

9. Award Beginning Date: September 15, 2017

Award End Date: May 31, 2022

Payment number	1st	2nd	3rd	4th	Final
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- 10. a) Reimbursement Request amount cannot exceed Total Award Amount.**
- b) Reimbursement will only be made if match requirement is met.**
- c) Reimbursement cannot exceed total project costs incurred by recipient.**

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match Recipient and non-recipient (reimbursable costs that exceed the award amount and meet the scope of work or non-recipient cost donated and used as match)	D. Total Project Cost	E. Recipient Match Rate (%)
			B+C	C/D
\$7,272.52	\$7,272.52	\$19,919.96	\$27,192.48	73.26%

* Results from Form 3 CSFS Cost Documentation Worksheet will auto populate the table above. Please review in detail and include all documentation supporting the recipient's costs and corresponding match.

FOR STATE OFFICE USE ONLY	
Checked for Federal suspension and debarment (State Office) https://www.sam.gov/portal/public/SAM/	
Date: _____	KFS Document Number: _____
Vendor Number: _____	Approved for Payment: _____