



**Community Cost-Share Program
REIMBURSEMENT REQUEST - COVER SHEET**

Project Information

Member Community: _____

Project Title: _____

Amount Requested: _____

P.O. #: _____

Authorized Signature

I certify that the costs outlined in this reimbursement request have been incurred in accordance with the approved project proposal as set forth in the Community Cost-Share agreement document(s). Furthermore, I affirm that the information contained herein is, to the best of my knowledge and belief, accurate and complete.

Name (print or type): _____

Title: _____

Telephone Number: _____

Email Address: _____

Signature: _____

Date: _____