



# Neighborhood Matching Grant Project Reimbursement Form

## Project Outcomes

**Project Name:**

**Project Date:**

**Project Location:**

**Number of Attendees:**

**1. Project Goal / Need** – Describe how your project fulfilled your goal

**2. Who is Involved** – List any community partners connected with the project

**3. What worked well? What Changes would you make to future projects** – List any community partners connected with the project

**4. Any other information** – Is there any other information you would like to share about the project





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## Actual Project Match

The following types of donations and volunteer hours are eligible for your project match:

- **In-kind Donations** (services, materials and cash) Please include the name of the person or organization providing the match
- **Volunteer Hours** Please include the name of the person or group of persons volunteering
  - Travel (Including your time and expenses such as gas, bus fare, parking, etc.)
  - Preparing application forms, designing project, project research
  - Making phone calls, emailing, faxing, site visits and in person communications
  - Presenting your ideas to the NAC

In-Kind Donations	Amounts:
	\$
	\$
	\$
<b>Total Donations</b>	<b>b) \$</b>

Volunteer Participation	Hours	Amount Hours x \$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Volunteer Hours</b>	<b>c)</b>	<b>\$</b>

<b>Grand Total of Actual Project Match = donations and volunteer hours must be equal to or greater than the grand total of reimbursable expenses (a)</b>	<b>\$</b>
Total of reimbursable expenses* (a)	<b>\$</b>

\* The NAC will be reimbursed based on the receipts submitted for Actual Project Expenses (a) up to the grand total of Actual Project Match (d) but cannot exceed \$3,000.