



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 Expenses

The following types of expenses are reimbursable: List is not inclusive of potential expenses.

- **Materials / Supplies** (construction or planting materials, non-alcoholic refreshments, safety equipment etc.)
- **Contracted Services** (site planners, sidewalk installation, audio visual techs, etc.)
- **Salaries / Wages** (babysitters, clean up crews, security techs, etc.)
- **Rentals / Leases** (equipment, tools, chairs, tables, tents, etc.)
- **Printing / Reproduction** (flyers, banners, invitations, newsletters, etc.)*
- **Capital Purchases** (signage, bike racks, etc.)
- **Other Project Expenses** (permit fees, insurance, etc.)

List your proposed project expenses below. Please be specific.

Project Expenses:	Amounts:
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Grand Total of Reimbursement Expenses	a) \$



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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:
	\$
	\$
	\$
Total Donations	b) \$

Volunteer Participation	Hours	Amount Hours x \$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Volunteer Hours	c)	\$

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

* 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.