



2010 Reimbursement Request

Agency: _____

Agency Mailing Address: _____

Agency Physical Address: _____

Agency Phone: _____ Email: _____

Period of Reimbursement (check one):

- January 1 – March 31, 2010 Due April 15, 2010
- April 1 – June 30, 2010 Due July 15, 2010
- July 1 – September 30, 2010 Due October 15, 2010
- October 1 – December 31, 2010 Due January 15, 2011

Amount of This Request: \$ _____

Signature of Authorized Personnel:

Printed Name

Date

Signature

Title

A complete year-end narrative report must be completed prior to January 21, 2011. This report should summarize the activities undertaken in providing the services, reference project objectives, were objectives achieved? Were there any unexpected outcomes or challenges? Reference any specific measurable results. Describe involvement of any partners and any unexpected cooperative relationships that developed.

Description/Item	Expense
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1. Personnel Costs/Wages

_____	,	_____	multiplied by \$	_____	=	\$ _____
<i>Staff Name & Title</i>		<i>Hrs. Worked</i>	<i>Rate per Hour</i>			

_____	,	_____	multiplied by \$	_____	=	\$ _____
<i>Staff Name & Title</i>		<i>Hrs. Worked</i>	<i>Rate per Hour</i>			

_____	,	_____	multiplied by \$	_____	=	\$ _____
<i>Staff Name & Title</i>		<i>Hrs. Worked</i>	<i>Rate per Hour</i>			

Total Wages: \$ _____

2. Operations and Maintenance

Total Operations & Maintenance: \$ _____

3. Goods and Services

Total Goods and Services: \$ _____

4. Other (Please Specify)

Total Other: \$ _____

Total Request this Period: \$ _____

Please attach documentation substantiating your request. i.e., payroll / other reports, copies of checks, etc.

Reimbursement Activity to Date

A. 2010 Total Funding Award: A \$ _____

B. Less Total Previous Reimbursement Requests for 2010: B. \$ _____

C. Subtotal: *(This is equal to A - B)* C. \$ _____

D. Less This Reimbursement Request: D. \$ _____

E. Total Contract Funds Remaining for 2010: *(This is equal to C - D)* E. \$ _____

Summary Description of Services

The Summary Description of Services (page 3) is required each quarter even if NO funds are being requested. Thank You!

1. **What services have been provided? *Please be specific***, e.g., 20 hours of individual financial counseling, 350 hours of day care services, 16 3-hour support groups for victims of domestic violence.

2. **Please list the number and type of recipient for whom these were provided.** Please be specific, e.g., 12 low-income women, 39 youth ranging from 12 to 17 years of age, 4 children (2 under age 2, 1 age 3, 1 age 4) of low or moderate income parents, 8 homeless residents of Bainbridge Island (2 families, 4 single women, 2 single men).

3. **Other (comments / trends / information):**

4. **Volunteer Information for the Quarter:**

Number of Volunteers: _____

Number of Volunteer hours: _____

Brief description of services provided by Volunteers: _____
