

**REIMBURSEMENT SUMMARY SHEET
COMMUNITY REDEVELOPEMENT FAÇADE GRANT PROGRAM**

Name of Grantee/Business: _____ Approval Date: _____

Item #	Description of Expenses/Costs: (Attach copies of Vendor invoices, Contractor Invoices, paid receipts, cancelled checks. Also inspection logs from Clay County Bld. Dept. if applicable)	Grant Amount	Match Amount
1			
2			
3			
4			
5			
6			
	TOTALS		

Remit payment to: _____

Note: Please allow 4 to 6 weeks for the Reimbursement payment. Each reimbursement request must have written approval from the Community Redevelopment Agency and they generally meet once a month.

AUTHORIZED SIGNATURE OF : _____ **DATE:** _____
 GRANTEE/BUSINESS OWNER