

**REQUEST FOR REIMBURSEMENT OF FUNDS**  
**Urban And Community Forestry (U&CF)**

Make check payable to:	Please return this form to:
_____	U&CF Coordinator, VIDOA
(Name)	#1 Estate Lower Love
_____	Kingshill, VI 00850
(Federal Tax I.D. #)	Phone: (340) 778-0997 or 0998, Ext. 233
_____	<b>Office Use Only</b>
(Address)	
_____	
(City/State)	
_____	Funds Requested: \$ _____
(Zip Code)	Grant Name: _____
	Tracking #: _____
	Grant Code: _____ Request #: _____

GRANT PERIOD  
 FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FEDERAL \$ LOCAL \$

Total Funds Available: (1) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Funds Documented to Date: (2) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Funds Documented this Request: (3) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Remaining Balance to Document: (Total 1,2,3) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Period (i.e. Quarter) From: \_\_\_\_\_ To: \_\_\_\_\_

Is this your Final Report? **(circle)** Yes No If **Yes**, Date Completed: \_\_\_\_\_

"I certify that this request for funds has been submitted in accordance with the terms and conditions of the USDA Forest Service and the rules and regulations set up by the United States Office of Management and Budget. I also certify that the funds being requested have been earned by the Contractor and the local matching requirements have been met and sufficient documentation exists in our files as evidence for the funds being requested and will be available if audited. I also certify that the data reported is true and correct and that the amount of the request for funds is not in excess of immediate disbursement needs (30 days)."

Requested By: \_\_\_\_\_  
 (Grantee)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: _____ (Program Coordinator)	Date: _____
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