



DOUGLASS TOWNSHIP
EAST COVENTRY TOWNSHIP
LOWER POTTSBORO TOWNSHIP
NEW HANOVER TOWNSHIP
NORTH COVENTRY TOWNSHIP
POTTSTOWN BOROUGH
UPPER POTTSBORO TOWNSHIP
WEST POTTSBORO TOWNSHIP

POTTSTOWN
METROPOLITAN
REGIONAL
PLANNING
COMMITTEE



pennsylvania
DEPARTMENT OF CONSERVATION
AND NATURAL RESOURCES

2023-2026 Pottstown Regional Park Improvement Mini-Grant Program Final Reimbursement Request Form

PROJECT TITLE _____

GRANTEE _____

Address _____

Phone _____

Primary Contact Person (Name & Title) _____

FINAL PAYMENT REQUEST

Total of Invoices Included \$ _____

Total Grant Award Amount \$ _____

Reimbursement % of Total Grant Award 10 %

Reimbursement Amount Requested \$ _____

ATTACHMENTS (Please include the following documents)

- ✓ Completed success story document
- ✓ Budget spreadsheet showing expenditures for total project cost to support reimbursement and closure
- ✓ Copies of all invoices and canceled check(s) for each item being requested for reimbursement
- ✓ For planning projects, a copy of the final plan document

Grantee

Signed by _____ Date _____ Title _____

Pottstown Area Health and Wellness Foundation

Signed by _____ Date _____ Title _____

Pottstown Metropolitan Regional Planning Committee

Signed by _____ Date _____ Title _____