



POTTSTOWN  
METROPOLITAN  
REGIONAL  
PLANNING  
COMMITTEE



## 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 \_\_\_\_\_