

**City of Alachua Community Redevelopment Agency (CRA)
BUSINESS FAÇADE GRANT PROGRAM
REQUEST FOR REIMBURSEMENT FORM**

Information

Grant Recipient Name: _____
 Business Name: _____
 Building Address: _____
 Mailing Address (If Different): _____
 Business Telephone Number: _____
 Cell Phone Number: _____
 E-mail: _____
 Name of Contractor(s) Performing Work: _____
 Contractor(s) License Number (if applicable): _____

Provide within the table below a description of all project components and the total cost of each component. The amount requested for reimbursement cannot exceed the lesser amount of 50% of Project Total or the amount of the funding approved within the Project agreement.

Please attach the following:

- Documentation of all project costs and proof of payment:
 - Cancelled checks.
 - Detailed invoices.
 - Paid receipts.
- Before and after photos of project improvements.
- Copy of Certificate of Occupancy or Completion (if applicable).
- Copy of Certificate of Appropriateness (if applicable).

Reimbursement Table

Description of Project Component	TOTAL AMOUNT
PROJECT TOTAL	
AMOUNT REQUESTED FOR REIMBURSEMENT	

I, _____, the Grant Recipient, under penalty of perjury, attest that the above stated costs are true, correct and accurate representation of the expenses incurred in accordance with the Terms and Conditions of the Business Façade Grant Program, and paid for by recipient and request reimbursement in the amount of \$_____.

Signature of Recipient: _____ Date _____
 Title & Business: _____