



MASSTRAILS PROGRAM REQUEST FOR REIMBURSEMENT

GRANT RECIPIENT

REQUEST NUMBER: 1 2 3 4
(Circle one)

PROJECT NAME

E-MAIL

RECIPIENT SIGNATURE

PHONE

Grant Award Amount: \$_____ Previous Reimbursement Requests (Total):\$_____
(Do not include current reimbursement amount in the Previous Reimbursement Request Total above)

Is this the FINAL Reimbursement Request? (If yes, a FINAL REPORT must be attached to this request or reimbursement will be withheld. Final Report Forms can be accessed at the MassTrails Website or by contacting the MassTrails Grants Coordinator)

Grant Accomplishments: (Briefly, list grant accomplishments related to this reimbursement request. If partial accomplishment, indicate percent complete). Attach separate sheet if necessary.

Dates of Service: _____ TO _____

(This includes the dates of any work, expenditures and all match claimed on this reimbursement request – be sure the dates match!)

Grant Funds Reimbursement: List expenditures for which you are now requesting reimbursement. You must attach copies of dated records of actual expenses (receipts/invoices, payroll records, etc. – **no estimates/quotes**), and proofs of payment of expenses (cancelled checks, copies of credit card statements, town warrant items, etc.).

*If a third party has paid for an item for which you want to be reimbursed, you must provide the invoice/receipt, proof of payment to the vendor by the third party, and proof of payment to the third party by the grantee/fiscal agent.

<u>LIST EXPENDITURES BY VENDOR/CONTRACTOR</u>	<u>AMOUNT PAID</u>	<u>RECEIPT?</u>	<u>PROOF PAYMENT?</u>
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SEE NEXT PAGE FOR MATCH

Match: A 20% match must be submitted with each reimbursement request. Itemize matching expenses and in-kind contributions. Attach copies of dated records of match (receipts/invoices with proof of payment, or staff/employee time sheets and proof of payment, or volunteer sign-in sheets, or in-kind services spreadsheets, or letter stating donation and value of the donation, etc.). Volunteer labor should be valued at a documented national or state-wide rate (see https://independentsector.org/resource/vovt_details/). As a note, the Massachusetts rate is typically higher than the national average. In-kind equipment as match must use FEMA rates or similar documented rating systems.

*If you want to use the same match for multiple reimbursements (a large purchase, a big volunteer work day, etc.), you must submit the original documentation with each request. For example, you have a large work day with \$5,000 worth of volunteer time and want to use \$1k for this request, \$1k for the next, and so forth. You must submit all of the volunteer documentation with each reimbursement request and keep a running tally of what you are using now and what is remaining for the next request.

MATCH ITEM	MATCH VALUE	DOCUMENTATION?
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TOTALS

1. **TOTAL REIMBURSEMENT (80%):**
2. **TOTAL MATCH (20%):**
3. **TOTAL PROJECT VALUE (REIMBURSEMENT + MATCH):**

HOW TO CALCULATE MATCH

Calculate the minimum match required by multiplying the Total Reimbursement Amount (#1 above) by .25 Example:

Total Reimbursement	X .25	= Minimum Match
\$10,000.00	X .25	= \$2,500.00

The Total Project Value is then #1 + #2 = \$12,500.00 (of which \$10,000.00 is 80% and \$2,500.00 is 20%)