



LOCAL EARLY ACTION PROGRAM

Request for Reimbursement of Funds

Grantee _____ Grant No. _____

Contract Execution Date _____ Contract Expiration Date 12/31/2023

Contact Name _____ Title _____

Phone Number _____ E-mail _____

Send Payment To: (Address MUST match the address on the Government Agency Taxpayer ID Form submitted to the Department)

Street Address _____

City/State/Zip _____

Attention: _____ Title _____

Cash Request Number () Final Request (Check only if last request)

Amount of Grant	Total Requested to Date	Reimbursement Amount Requested	Balance

Pursuant to Section 601(h) of the guidelines, the Department may withhold 10 percent of the grant until grant terms have been fulfilled.

Detail of funded activities:

Documentation for all expenditures listed below must be attached. Please refer to attached instructions for additional information. If more space is needed attach a separate sheet outlining each activity as noted below:

Activity	Date of Completion	LEAP Funds Requested
Total Requested		\$ 0.00

Grantee Certification: As a representative of the City/County, I certify, to the best of my knowledge that this report is true in all respects, the reported amounts agree with the official accounting records, and all disbursements have been made for the purposes and conditions as detailed in the Standard Agreement of this grant. **Note:** Reimbursement requests must be signed by the authorized representative as designated in the signed resolution, or if a designee, the designee must be on file with the Department.

Name _____ Title _____
(Please print) (Please print)

Signature _____ Date _____

For HCD Use Only	
Program Representative: _____	Manager: _____
Approval Date: _____	Approval Date: _____
Approved Reimbursement Amount: \$ _____	

LOCAL EARLY ACTION PROGRAM

REQUEST FOR REIMBURSEMENT INSTRUCTIONS

Requests may be submitted for reimbursement of funds. Funds may be requested for eligible activities as identified in Exhibit A (Scope of Work) of the Standard Agreement.

No costs incurred prior to the date of the Notice of Funding Availability (January 27, 2020) may be charged to Program funds. Only approved and eligible costs incurred for work after the NOFA date, continued past the date of the execution date of the Standard Agreement, and completed during the grant term will be reimbursable. Approved and eligible costs incurred prior to the NOFA date are ineligible. After the contract has been executed by the State, eligible expenditures may be reimbursed subject to the terms and conditions of the Standard Agreement.

Requests must be consistent with the program guidelines and standard agreement. Requests for Reimbursement packages shall **include an invoice summary page itemizing all expenditures for competed activities**, reference the contract number, and must be signed where applicable. For reimbursement submittal and corresponding questions, please use our reimbursements inbox at:

LEAPReimbursements@hcd.ca.gov

Invoices shall include at a minimum the following information:

- 1) Names of the Grantee's personnel performing work.
- 2) Dates and times of project work.
- 3) Itemized costs in accordance with the Attachment 1: Project Timeline and Budget of the Application and Scope of Work (Exhibit A of the Standard Agreement) and including identification of each employee, contractor, subcontractor staff who provided services during the period of the invoice, the number of hours and hourly rates for each of the Grantee's employees, contractor(s), sub-recipient(s) or subcontractor's staff member(s), authorized expenses with receipts, and contractor, sub- recipient and subcontractor invoices; and
- 4) Any other documents, certifications, or evidence deemed necessary by the Department prior to disbursement of grant funds.

Please Note: If this Request for Reimbursement Request has an address different from that submitted with your original application, you must submit a newly signed Government Agency Taxpayer ID Form with the cash request. An electronic copy of this form is available at https://www.bcsd.ca.gov/hcfc/documents/gov_tin_form.pdf.

INSTRUCTIONS:

Type of Request: Check one or more boxes to show the type of cash request being submitted.

- **Reimbursement** - You may request grant funds on a reimbursement basis after the standard agreement has been fully executed.
- **Final Cash Request** - Please mark Final Request box on your last Cash Request. Note: Please include the final LEAP Close-Out Report with the Final Request. Please email our LEAP Reimbursements inbox or visit our LEAP webpage for our LEAP close-out report.

Grantee Name and Grant Contract Number: Enter jurisdiction and contract number as shown on the Standard Agreement.

Contract Execution and Expiration Date: Enter the contract execution date for the grant, located on the bottom right corner of the Standard Agreement, and the date the grant expires.

Grantee address, contact information, and phone number: Enter the mailing address where payment is to be mailed as well as a contact person, phone number and email address for questions regarding the submitted cash request.

Reimbursement Request Number: Enter the request number. Cash Requests should be numbered consecutively (i.e. 1, 2, 3...)

Total amount of Grant: As indicated in the Standard Agreement.

Total Requested to Date: List the cumulative total of LEAP funds requested from all previously submitted cash requests. The first request will always be \$0.00.

Amount Requested: List the amount of LEAP funds requested.

Balance: List the remaining balance of LEAP funds.

Detail of Activities: List the grant activities for which you are requesting funds as shown on **Attachment 1: Project Timeline and Budget from the application**. Note: Documentation of completed tasks/objectives (i.e. contracts, invoices, resolutions adopting activities, certification of implementation, etc.) must be included. If documentation includes activities not funded through LEAP funds, please highlight or otherwise indicate the specific line-item expenses covered by this cash request. **The total amount requested must equal the total amount documented.**

Contractor Certification: The Reimbursement Request must be signed by the Authorized Representative or designee as indicated in the contract resolution certified by the Grantee governing body. Designees must either be detailed in the resolution (by name and/or title) or have a letter on file with the Department signed by the Authorized Representative designating the individual to act on their behalf.

Additional Requirements: Additional attachments are also required with the request. Please attach a copy of your Attachment 1: Timeline and Budget. Please also include a copy of your Government Tax Identification form. As mentioned above, if the address of the application and request are not the same, a new TIN form should be completed. Again, you may find this form at https://www.bcsh.ca.gov/hcfc/documents/gov_tin_form.pdf.

<p>Please Note: All funds must be requested by September 30, 2023 for expenditure by December 31, 2023.</p>
--