

REGIONAL EARLY ACTION PLANNING GRANTS (REAP) PROGRAM

Request for Funds

Grantee	Grant No				
Contract Execution D	ate	C	ontract Expira	ation Date	12/31/2024
Contact Name			Title		
Phone Number	E-mail				
Send Payment To:	(Address MUST n	natch	the address	on the 0	Government Agen
Taxpayer ID Form su	bmitted to the Depart	ment)			
City/Ctata/7ip					
Attention:	Title				
Cash Request Numb	per () Final Red	quest [☐(Check only	if last req	uest)
Amount of Grant	Total Requested to	Date	Amount Req	uested	Balance
			otal Requested		
Grantee Certification: knowledge that this rep accounting records, and as detailed in the Sta by the authorized rep designee must be on fi	ort is true in all respect d all disbursements landard Agreement of resentative as designa	s, the re have b this g ated in	eported amoun een made for rant. Note :	ts agree w r the purp Fund reque	ith the official poses and condition ests must be sign
Name	(Please print) Title (Please print)				
Signature	(Please print) (Please print) Date				
	For	HCD Us	e Only		
Program Representative:	ative: Manager:				
Approval Date:		_	Approval Date:		
Approved Amount: \$					

REAP PROGRAM

REQUEST FOR FUNDS INSTRUCTIONS

Requests may be submitted for disbursement 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 October 1, 2019 may be charged to Program funds. Only approved and eligible costs incurred for work after this date, continued past the date of the execution date of the Standard Agreement, and completed during the grant term will be reimbursable. After the contract has been executed by the State, eligible expenditures may be reimbursed subject to the terms and conditions of the Standard Agreement.

for an invoice summary Requests Fund packages shall include page itemizing reference the contract all expenditures for completed activities. applicable. number, and must be signed where For submittal and corresponding questions, please email:

REAP@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 Schedule F: Project Timeline and Budget and Statement of Work, 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 Funds 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.bcsh.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 or rolling basis, in consultation with HCD staff, after the standard agreement has been fully executed.
- Final Cash Request Please mark Final Request box on your last Cash Request.

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.

Fund 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 REAP funds requested from all previously submitted cash requests.

Amount Requested: List the amount of REAP funds requested.

Balance: List the remaining balance of REAP funds.

Detail of Activities: List the grant activities for which you are requesting funds as shown **in your 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 REAP 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 Fund 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.

Please Note: All funds must be requested by August 31, 2023 for final expenditure by December 31, 2023 unless otherwise discussed with HCD staff.