**Resilient Maryland Program – Attachment C**

**Reimbursement Request for Costs Incurred**

**\*\*\*Form Updated January 5, 2021\*\*\***

**Section 1: Reporting Period**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting Month** |  | **Year** |  |

**Section 2: Grantee Information**

|  |  |
| --- | --- |
| **MEA Grant Number\*** |  |

*\*The Grant number specified on the Grant Agreement (e.g. 2021-00-518S1)*

|  |  |
| --- | --- |
| **Organization (Grantee) Name** | **Federal Tax ID Number** |
|  |  |
| **Grantee Address as Listed in IRS Form W9** | **City** |
|  |  |
| **City** | **State** | **Zip Code** |
|  |  |  |
| **Contact Name** | **Contact Title** |
|  |  |
| **Phone Number** | **Email Address** |
|  |  |

*\*Find your Congressional and MD Legislative Districts at* [*www.mdelect.net*](http://www.mdelect.net)

**Section 3: Reimbursement Amount & Signature**

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| **Disbursement Request from MEA** |
| **$**  |

By signing this invoice, I affirm that the costs for which I have requested reimbursement are directly attributable to the Project Description pursuant to Attachment A of the Grant Agreement and that all applicable terms, conditions, and requirements of the Grant Agreement have been met. I affirm that I have correctly itemized all costs on the second page of this Reimbursement Request for Costs Incurred.

|  |  |
| --- | --- |
| **Signature of Authorized Representative** | OFFICIAL USE ONLY |
| **X** | ☐ | OK TO PAY |
| AMOUNT: |  |
| **Printed Name** | **Title** | **Date Signed** |  |
|  |  |  | MEA PM APPROVALSIGNATURE |

**Section 4:** **Itemized Cost Information**

*In the table below, list each itemized cost for which you are requesting reimbursement. Please attach all invoices/requests for payment from contractors related to each cost and, if applicable, supply the invoice number in the “Contractor Invoice No.” box. If additional lines are needed, you may add as many as necessary to the table below.*

|  |
| --- |
| **Project Site Name** |
|  |
| **Project Site Address** | **City** |
|  |  |
| **State** | **Zip Code** | **County** | **Congressional District\*** | **MD Legislative District\*** |
| **MD** |  | Choose an item. | Choose an item. | Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| Line Item No. (e.g. “01”) | Description | Contractor Invoice No. | Amount |
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|  |  |  | **$**  |
|  |  |  | **$**  |
| **TOTAL** | **$**  |