

Lincoln County Emergency Preparedness Grant Final Financial Request/Report Form

Instructions: Utilize form for requesting funds at the conclusion of project. Allow for 3 weeks for payment processing.

Awardee Agency:		
Grant Number:		<i>Assigned by County</i>
Date Requested:		
Project Title:		
Amount Project Budget:		
Amount Approved		
Match Budget:		
Current W9 Attached:		<i>*If submitted with advance request then not needed</i>
Requested by:		<i>Name/Title</i>
Requested by Email:		<i>Name/Title</i>
Authorized by:		

Enter Expense(s)*		Expense Categories
		<u>Supplies</u>
\$ -		Cache Neighborhood/Community
\$ -		Cache Requesting Agency
\$ -		Emerg. Responder/Public Safety
\$ -		Other:
		<u>Equipment</u>
\$ -		Cache Neighborhood/Community
\$ -		Cache Requesting Agency
\$ -		Emerg. Responder/Public Safety
\$ -		Other:
\$ -		Total Project Funds Expended
\$ -		Required Agency Match Amount- 50%
\$ -		Advance Funds Received
\$ -		Final Reimbursement to Awardee

<p>Email or Mail to County Emergency Manager vdemaris@co.lincoln.or.us Mail to: Lincoln County Attn: Emergency Management 225 W Olive Street, Suite 103 Newport, OR 97365</p>	<p>Date Received:</p> <hr/> <p>Date Sent to AP:</p> <hr/> <p>Grant Project Report Updated:</p>
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Lincoln County Emergency Preparedness Grant Program Financial Advance Request Form

Instructions: Utilize form for requesting funds in advance of project conclusion. Allow for 3 weeks for payment processing.

Awardee Agency:		
Grant Number:		<i>Assigned by County</i>
Date Requested:		
Project Title:		
Amount Project Budget:		
Amount Approved Match Budget:		
Current W9 Attached:		
Requested by:		<i>Name/Title</i>
Requested by Email:		
Authorized by:		<i>Name/Title</i>

Estimated Expense(s)	Expense Categories
	<u>Supplies</u>
\$ -	Cache Neighborhood/Community
\$ -	Cache Requesting Agency
\$ -	Emerg. Responder/Public Safety
\$ -	Other:
	<u>Equipment</u>
\$ -	Cache Neighborhood/Community
\$ -	Cache Requesting Agency
\$ -	Emerg. Responder/Public Safety
\$ -	Other:
\$ -	Total Estimated Project Expenses
\$ -	Required Agency Match Amount- 50%
\$ -	Advance Funds Requested

Email or Mail to County Emergency Manager vdemaris@co.lincoln.or.us Mail to: Lincoln County, Attn: Emergency Management 225 W Olive Street, Suite 103 Newport, OR 97365 *If not already completed, submit the Project Conclusion digital form.	Date Received:
	Date Sent to AP:
	Grant Project Report Updated: