Neighborhood Association Start-up Grant
Request for Reimbursement

Association: _____

Date	Paid to	Description/Purpose	Amount
			$

Total Reimbursable Costs $ _____
(Not to exceed $100 per association)

I certify that I am duly authorized representative of the herein named association; that the costs being claimed herein are in all respects true, correct, and in accordance with the grant provisions; that the funds were expended during the grant period; and the amount claimed above has not been previously presented to or reimbursed through the City of Sunnyvale.

Submitted by: _____
(Print or Type Name)

Signature: _____

Date: _____