



## BUSINESS DEVELOPMENT FUND GRANT – REIMBURSEMENT REQUEST FORM

### Grantee Information

Grantee Business Name (if applicable):

Authorized Representative Name:

Title/Role:

Email address:

Phone:

Mailing Address:

City:

State:

Zip:

### Reimbursement Request

- Partial Reimbursement
- Final Reimbursement

Total Reimbursement Requested: \$

Reimbursements are limited to the maximum grant amount authorized in the executed Grant Agreement and are subject to the applicable tiered match requirements.

Reimbursement is made on a cost-incurred and paid basis only. Expenses must:

- Be eligible project costs as approved in the Grant Agreement
- Be consistent with the approved project budget
- Have been incurred after execution of the Grant Agreement

Costs incurred prior to execution of the Grant Agreement are not eligible for reimbursement.

Reimbursement will be issued only in proportion to the verified match expended to date and will not exceed the maximum grant award.



**Required Documentation**

The Grantee must submit documentation demonstrating:

1. Itemized invoice(s) or receipt(s) for each eligible expense; and
2. Proof of payment for each expense, such as bank statement showing cleared transaction, cleared check, electronic payment confirmation, or other third-party verification acceptable to the EDA.
3. Completed and signed IRS Form W-9 (if not previously submitted)

Documentation must clearly demonstrate that both the grant-funded portion and the required match portion of each expense have been paid. Required match contribution is documented in your Grant Agreement and consistent with the tiered match formula in the Program Guidelines:

- First \$5,000 – 0% match
- Portion \$5,001 - \$10,000 – 20% match
- Portion \$10,001 - \$25,000 – 35% match

The EDA reserves the right to request additional documentation or clarification prior to processing reimbursement.

Incomplete reimbursement requests will not be processed.

**Expense Summary**

Vendor Name	Total Invoice Amount	Grant Portion (EDA Reimbursable)	Match Portion (Grantee Contribution)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total (Please Calculate Column Totals)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

*\*Amounts requested must correspond to the approved project budget and match requirements in the Grant Agreement.*



### **Submission Instructions**

Submit the completed Reimbursement Request Form and all required documentation by email to: [director@cookcountymneda.org](mailto:director@cookcountymneda.org). Alternatively, reimbursement requests may be submitted by mail to:

Cook County/Grand Marais Joint EDA  
PO Box 597  
Grand Marais, MN 55604

\*Please note, submissions by email are strongly encouraged. Reimbursement requests submitted by mail may take longer to process due to delivery time and administrative handling.

### **Certifications and Continued Eligibility Attestation**

By signing below, the undersigned authorized representative certifies that:

1. The costs listed in this reimbursement request were incurred for eligible project activities approved under the EDA Grant Agreement.
2. All expenditures are supported by itemized invoices/receipts and proof of payment.
3. The required grantee match has been expended and documented in accordance with the Business Development Fund Grant Program Guidelines and Grant Agreement.
4. The Grantee remains in compliance with all ongoing eligibility requirements, including but not limited to:
  - The business is actively registered and in good standing with the Minnesota Secretary of State.
  - The business remains in active operation in Cook County.
  - The business is current on Cook County property taxes.
  - If applicable, the business is current on City of Grand Marais utility payments.
  - The business complies with all applicable zoning, permitting, and code requirements.
5. The Grantee understands that failure to maintain eligibility may constitute an Event of Default under the Grant Agreement and may result in delayed payment, repayment obligation, or other remedies available to the EDA.

I certify that the information provided in this request is true and correct to the best of my knowledge.

Authorized Representative Signature:

Printed Name:

Date: