



Business Development Fund Grant - Reimbursement Request Form

Grantee Business Name (if applicable):

Authorized Representative Name:

Title/Role:

Email address:

Phone:

Mailing Address:

City:

State:

Zip:

Reimbursement Request

Reimbursements are limited to the approved grant amount specified in your Grant Agreement. Your required match contribution is determined by 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

Reimbursements will be issued only in proportion to the verified match expended to date. Total reimbursement requested may not exceed the grant amount authorized in your executed agreement. The Grantee must provide documentation of payment for both the grant-funded and match-funded portion of each expense.

Submission

Email completed form and attachments to director@cookcountymneda.org. Include copies of all paid invoices/receipts and a completed W-9 (if not previously submitted). Reimbursement will not be made without documentation of costs incurred by the grantee.

Certifications

The undersigned designated agent of this grant certifies that: (1) the costs listed on page 2 were incurred for eligible project activities approved under the EDA Grant Agreement (2) all expenditures are documented with paid invoices and receipts (3) the required grantee match has been expended and documented according to the Program Guidelines (4) I understand reimbursement will not be made without supporting documentation.

Signature of Grantee:

Date:



Vendor Name	Total Invoice Amount	Grant Portion (EDA Reimbursable)	Match Portion (Grantee Contribution)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL (please calculate column totals)	\$	\$	\$

**These amounts should correspond with your approved budget.*