

CONSERVE NEVADA: GRANT DRAW REQUEST FORM

Internal Project No.



Project Name:

Outlay Request Number (i.e. first, second):

Period Covered (mm, dd, yy) From: To:

Type of Request: Fund Advance Reimbursement

Fiscal Contact:

Phone: Email:

Name of Payee: Tax ID Number:

Reason for Advance: (Please justify the need for an advance. Please note advances must be spent within 90 days of issuance.)

Total Conservation Bond Cash on Hand:

Total Match Cash on Hand:

A. PROJECT REIMBURSEMENT (Please include backup documentation)

	Work Plan Category	Total Grant Budgeted Amount	Total of Prior Reimbursements (Cumulative)	Reimbursement Requested for this period	Balance Remaining
A.	Acquisitions				
B.	Planning & Design				
C.	Construction/Materials				
D.	Permits/Project Reviews				
E.	Study/Document Preparation				
F.	Administrative Costs				
G.	Other:				
Column Total:					
Total Reimbursement Requested					

B. PROJECT ADVANCES (Please include backup documentation)

	Work Plan Category	Total Grant Budget Amount	Total of Prior Advances (Cumulative)	Advance Requested for this period	Balance Remaining
A.	Acquisitions				
B.	Planning & Design				
C.	Construction/Materials				
D.	Permits/Project Reviews				
E.	Study/Document Preparation				
F.	Administrative Costs				
G.	Other:				
Column Total:					
Total Advance Requested					

C. GRANT MATCH (Please include backup documentation)

	Work Plan Category	Total Budgeted Match for Grant	Total of Prior Match Reported (Cumulative)	Match Reported for this period	Match Balance Remaining
A.	Acquisitions				
B.	Planning & Design				
C.	Construction/Materials				
D.	Permits/Project Reviews				
E.	Study/Document Preparation				
F.	Administrative Costs				
G.	Other:				
Column Total:					
				Total Match Reported for Period	

SUPPORT DOCUMENT INVENTORY (Submit backup documentation with this Outlay Request - i.e. receipts, invoices, quotes for Reimbursement Request or Advance Request)

VENDOR NAME	RECEIPT/INVOICE NUMBER	AMOUNT
PROJECT REIMBURSEMENT		
PROJECT ADVANCE		
GRANT MATCH		
TOTAL		

I certify that to the best of my knowledge and belief, this report is correct and complete and that all expenditures and unpaid obligations are for the purpose set forth under the terms of the approved project.

Authorized Project Official: **Date:**

*** Please be sure to submit all supporting documentation***

CONSERVE NEVADA OUTLAY REQUEST FORM

Internal Project No.

THIS SECTION IS FOR INTERNAL USE

Work Plan Total Authorized (Grant Award Total):	
Project Cash on Hand (Grant Funds + Match):	
Total Project Funds Requested this Period:	
Total NCRF Funds Spent to Date:	
Remaining balance of Work Plan Funds:	
Remaining balance of Match Funds:	

This form has been verified for accuracy and disbursement of these funds is authorized:

NDSL Reviewed: **Date:**

CNP Program Manager: **Date:**

**Additional Information /
Review Notes:**

NDCNR DO Authorization: **Date:**

Fiscal Staff Authorization: **Date:**