

**METRO EAST PARK AND RECREATION DISTRICT
EVENT SPONSORSHIP GRANT REIMBURSEMENT REQUEST FORM**

(PLEASE TYPE FORM – ONLINE TYPING IS AVAILABLE)

Submit this reimbursement request no more than 45 days after the event date. Forty-five days should also be allowed after Metro East Park and Recreation District (MEPRD) receives this packet for verification of documentation, final approval of the reimbursement request, and actual grant reimbursement. MEPRD may request additional documentation which could extend this timeframe.

Applicant (Event Host): _____

Event Title: _____

Event Date: _____ Approximate # of participants: _____

Contact Name and Title: _____

Event Sponsorship Reimbursement Request (should not exceed original request): \$ _____

Total Event Cost (not including donated time, labor, materials, or equipment): \$ _____

Net Proceeds: \$ _____

_____ % of the Net Proceeds, which equates to \$ _____, will be used to assist in the development of parks, trails and/or recreational programs within Madison or St. Clair Counties in Illinois (as detailed and approved within the Grant Application on file with MEPRD). The amount specified above should not be a lesser percentage than what was detailed within the approved grant application.

Submit the following along with this form:

- A few photos from the event; preferably no less than one showing MEPRD's Logo featured in relation to the event. High-resolution electronic photos are preferred. Note: CD's and USB drives will not be returned.
- Utilizing a separate sheet of paper, submit a written update on the project being funded, at least in part, by the Net Proceeds contribution detailed above and within the original grant application as approved by MEPRD. It is important that MEPRD be notified when the project/program has been completed.

Certification Statement

I do hereby certify that the information presented in this reimbursement request is true and correct. The undersigned acknowledges and represents that he/she has the authority and permission to execute this Reimbursement Request and to bind the organization or entity thereby.

Name of Applicant: _____

Printed Name: _____

Printed Title: _____

Signature: _____

Date: _____

Mail Reimbursement Packet to:

Metro East Park and Recreation District
Attn: Bryan Werner, Planner
104 United Drive
Collinsville, Illinois 62234

Reimbursement Packet Questions:

Call Bryan Werner at (618) 346-4905 or visit www.meprd.org