

METRO EAST PARK AND RECREATION DISTRICT
FY 2027 EVENT SPONSORSHIP GRANT REIMBURSEMENT REQUEST FORM

(PLEASE TYPE IN THIS FILLABLE PDF, SAVE TO YOUR COMPUTER, AND PRINT/SIGN)

Submit your reimbursement request within 45 days after the event date. Please allow 45 days 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.

Event Name: _____

Event Date: _____ Approximate # of Participants: _____

Lead Event Host: _____

Contact Name and Title: _____

Mailing Address: _____

Event Financial Summary and Supporting Documentation

A. Total Event Revenue \$ _____
Total revenues from all sources, including sponsors, donations, etc.
(excluding revenues generated from admission/entry fees)

B. Total Event Cost \$ _____
Event Host's actual and final out-of-pocket cost (excluding donated items).
Must attach Itemized Budget and Receipts.

C. Final Net Proceeds \$ _____
Subtract (A) – (B)

Grant Reimbursement Calculation

D. Event Sponsorship Reimbursement Request \$ _____
This amount cannot exceed 40% of Line B, up to the approved award amount.

E. Percentage of Total Cost %
Divide (D) ÷ (B)

Funding Commitment for Local Project/Program

F. Percentage of Net Proceeds Committed %
Must be greater than or equal to the percentage in the approved application.

G. Total Donation to Benefitting Project/Program \$ _____

H. Benefitting Project/Program Name/Description: _____

I. Benefitting Project/Program Status: ☐ Not Started ☐ In-Progress ☐ Complete

FOR OFFICE USE ONLY

Date Received: _____ Verified by: _____ Approved by: _____

Submit all the following supporting documents with this completed form:

- ☐ **Final Itemized Event Budget:** A detailed breakdown of all actual out-of-pocket expenses (Line B) and total revenue (Line A).
- ☐ **Proof of Expenses:** Copies of invoices, bills, and receipts to document the final total out-of-pocket event cost.
- ☐ **Proof of MEPRD Acknowledgement:** At least three (3) high-resolution photos from the event, including at least one clearly depicting MEPRD's logo used in promotional materials, signage, apparel, etc. Attach copies of flyers or screenshots of social media posts where MEPRD was recognized.
- ☐ **Written Update on Benefiting Project/Program:** Provide a written update on the benefiting project/program identified in your approved application. This update should confirm the final donation amount (Line G) and reaffirm the commitment to complete the project within nine (9) months. MEPRD must be notified upon project completion.

CERTIFICATION STATEMENT

I do hereby certify that the information presented in this reimbursement request and its attachments is true and correct. I certify that the event took place as approved by MEPRD and that all expenses are actual, out-of-pocket costs directly related to the event. The undersigned acknowledges that the final reimbursement amount is contingent on MEPRD's verification of this documentation.

I further reaffirm the Lead Event Host's commitment to donate the percentage of net proceeds specified in the approved application (and calculated herein) to the benefiting project/program and to provide documentation of its completion to MEPRD within nine months of the event. The undersigned has the authority to execute this Reimbursement Request and bind the organization thereby.

Signature: _____ Date: _____

Printed Name: _____

Printed Title: _____

Submit Reimbursement Packet (including all supporting documentation) to:

Metro East Park and Recreation District
c/o Cole Preston, MEPRD Grant Coordinator
104 United Drive
Collinsville, Illinois 62234

Or Submit Electronically to: cpreston@meprd.org

Questions? For assistance, contact MEPRD Grant Coordinator Cole Preston
by telephone at (618) 346-4905 or by email at cpreston@meprd.org