

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

(PLEASE TYPE FORM – ONLINE TYPING IS AVAILABLE)

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 Host: _____

Event Name: _____

Event Date: _____ Approximate # of Participants: _____

Contact Name and Title: _____

Mailing Address: _____

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

Event Sponsorship Reimbursement Request: \$ _____, which is _____% of Total
*(must be less than or equal to original request and cannot exceed 25% of event cost,
with \$2500 max for public entities and \$1000 max for 501c(3) organizations)*

Net Proceeds (funds received after deducting expenses): \$ _____

Donation: \$ _____, which is _____% of the Net Proceeds, will be used to assist in the development of parks, trails, and/or recreational programs within Madison or St. Clair Counties in Illinois.
(must be greater than or equal to percentage given in the approved grant application)

Submit the following along with this form:

- At least three photos from the event, including one showing MEPRD's logo featured in relation to the event. High-resolution electronic photos are preferred (CDs/USB drives will not be returned).
- A written update on the project that will benefit from 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.

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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.

Signature: _____ Date: _____

Printed Name: _____

Printed Title: _____

FOR OFFICE USE ONLY

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

Mail Reimbursement Packet to:

Metro East Park and Recreation District
Attn: Jen Cochran, Grant Coordinator
104 United Drive
Collinsville, Illinois 62234

Reimbursement Packet Questions:

Call Jen Cochran at (618) 346-4905 or visit www.meprd.org