

**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: \_\_\_\_\_

## Submit Reimbursement Packet to:

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

## Direct Questions to:

Cole Preston at (618) 346-4905 or [cpreston@meprd.org](mailto:cpreston@meprd.org)

[www.meprd.org](http://www.meprd.org)