

**1. Prepared by:** Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone ext.: \_\_\_\_\_ Department: \_\_\_\_\_

**2. Mini-Grant application number:** \_\_\_\_\_ (the one that was assigned by the foundation)

**3. Expense type:**

**Equipment.** Please follow standard SCHS procedures for ordering the equipment. Attach a copy of your paid invoice to this form. Your department budget pays for the equipment and the foundation reimburses your budget once SCHS pays the invoice. In Section 5 please indicate which cost center to reimburse up to the amount awarded.

**NOTE:** You must submit reimbursement documentation within 12 months from the date award was granted.

Equipment must include a sticker identifying it as funded by St. Charles Foundation before it is delivered to the department (stickers are available from the Foundation).

**Project or program.** In Section 5 please indicate which cost center will incur the expenses of your project / program; once you submit this form the foundation reimburses that cost center up to the amount awarded.

Any printed materials for your program must include the Foundation's logo and statement "Donated by (logo)." Call Cindy at X6996 for a copy of the logo.

**4. Amount Details:**

Amount requested for reimbursement: \$ \_\_\_\_\_

(You may submit multiple requests over time until your accumulated requests total the grant amount.)

Foundation Fund #: 1015

Fund Name: Foundation Mini-Grant Fund

**5. Distribution Details:**

Reimburse department cost center #: \_\_\_\_\_

*This box for Accounting Use:*

**6. Signatures Authorizing Reimbursement:**

a. Grant applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

b. Foundation Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Call Cindy Fields at X6996.