



REIMBURSEMENT FORM

Submit reimbursement form and paid invoices for costs incurred within 45 days. All reimbursement forms must be accompanied by paid receipts. Failure to submit may result in withholding of funds.

Expense Period: SHIP 5, Year 4
 Activity Name: [Click here to enter text.](#)
 Address: [Click here to enter text.](#)
 Phone: [Click here to enter text.](#)

Today's Date: [Click here to enter a date.](#)
 Organization: [Click here to enter text.](#)
 Primary Contact: [Click here to enter text.](#)
 Email: [Click here to enter text.](#)

Rice County SHIP requires mini-grantees to provide a 10% minimum of leveraged funding. However, please also indicate any in-kind related to the project, since MDH requires SHIP to report both amounts.

In-Kind Match is a non-cash contribution of the fair market value of goods or services that support SHIP activities, contributed SHIP partners or other third parties. Examples of in-kind contributions are time contributed by the staff, donated meeting space, donated printing, etc. Please, provide the dollar amount and a short description of each item.

• Volunteer Time (Rate)	\$
• Staff Time	\$
• Donated Materials	\$
• Donated Rent, Office or Meeting Space	\$
• Donated Food	\$
• Other	\$
In-Kind Total	\$

Leveraged Funds is money spent for SHIP-related costs. Funds may come from county or city levies and/or funds contributed by partners or other third-party sources. Please, provide the dollar amount and a short description of each item. A 10% cash match is the required minimum.

• Cash Match	\$
• Other Grants	\$
Leveraged Total	\$

Requested SHIP Reimbursement	\$
<i>Freezer (example)</i>	<i>\$ 789 (example)</i>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
SHIP Total	\$

Project Total (In-Kind + Leveraged + SHIP)	\$
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Submit to sara.coulter@ricecountymn.gov

	<u>OFFICE USE ONLY</u>	
<u>Name</u>	<u>Signature</u>	<u>Date</u>
Sara Coulter		

Find receipts at S:\SHIP\SHIP 5.0\SHIP 5, Year 4\Invoices