



Date Received:

OFFICE USE ONLY

2016-17 Economic Development Grant Program Quarterly Reimbursement

Please select a reporting period: October 20, 2016 January 20, 2017 April 20, 2017

This report encompasses project activity to date. This form should be completed and mailed to:

City of Brentwood
Attn: City Manager's Office/Economic Development
150 City Park Way
Brentwood, CA 94513

Name of Organization: _____

Contact Person: _____ Phone: _____

Email: _____

Mailing Address: _____

Project Name: _____

Project Location: _____

Length of Project: _____

Business License #: _____ and/or Non-profit ID # _____

Amount of Grant Awarded: \$ _____

Reimbursement Request: \$ _____

The following documents must be included:

- Bank Statement(s) or Cancelled Check(s) Copies of all Invoices Budget with project
 Copies of advertisements/marketing/publications – for this reimbursement period