

EXHIBIT B – ARPA Grant Awards Draw Down Request Form

Beneficiary/Business Name:
Contact Person:
Contact Telephone Number:
Contact Email Address:
Grantor Entity: Town of Hamden, CT
Grant Project Description (Rent, Utilities, Supplies, Equipment) – Please provide Description of use of funds:
Total Funds Awarded: \$
Reimbursement Request Amount: \$
Period of Expenses for Draw Down/Reimbursement Request (MM/DD/YY thru MM/DD/YY):

Signature – Beneficiary

Date

Signature – Town of Hamden

Date

INSTRUCTIONS: Please complete all fields in the box above, sign and date. Requests are submitted on a Reimbursement Basis. Beneficiary must have paid the expenses prior to requesting reimbursement Attach Draw Down Expense Ledger and all supporting documentation, including (but not limited to): procurement documentation for vendors (please obtain procurement guidelines from Town), contracts for services, lease/rental agreements, copies of paid invoices, copies of cancelled checks to vendors, credit card statements & receipts, proof of payment of credit cards, payroll/benefit ledgers, timesheets, and other various documentation as requested by the Town.

Please consult with a tax accountant to determine tax implications if any.