



Non-Profit \$3500 Major 2-Dat Event Promotions Grant Reimbursement Procedures

Please itemize charges on the following Payment Request Form. Attach a copy of all related documentation including:

- **invoices**
- **corresponding ad copy to each invoice**
- **canceled checks front and back, and/or credit card statements showing payment of each invoice.**
- **copy of your program event showing hours open to public.**

Please remit printed set of documentation to:

Franklin County TDC
731 US Hwy 98
Eastpoint, Florida 32328

Guidelines:

- The maximum reimbursement amount is \$3500 per grant.
- The event must be open to the public.
- The event must be held in Franklin County.
- Ad copy and receipts for reimbursement need to be submitted within 60 days.
- All expenses must be **promotional in nature.**
 - Acceptable expenses include Oyster Radio, Forgotten Coastline newspaper, out of county TV stations, and media sent through internet and emails out of the county.
- Copies of printed material **must have the FCTDC logo** and copies should be attached to reimbursement request.
- Copies of **internet pages with the FCTDC logo** should also be attached to reimbursement request.
- **Tax is not reimbursable.**
- Checks or receipts **from religious organizations cannot be submitted for reimbursement.**
- Changes in dates are required to be provided one month in advance so the FCTDC can modify advertising. Reimbursements will not be provided if changes in dates are not provided in a timely manner.
- Reimbursements will not be provided if event cancels for any reason.

Please call the FCTDC Administrative Office if you have questions at 850-670-FISH (3474).



Expenditure Reimbursement Check Request for Funds

NON-PROFIT ORGANIZATION: _____

MAILING ADDRESS: _____

VENDOR/OUT OF COUNTY ITEM

DOCUMENTATION

AMOUNT

VENDOR/OUT OF COUNTY ITEM	DOCUMENTATION	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

TOTAL CHECK REQUEST _____ (up to \$3500)

REQUESTED BY _____ (please print)

SIGNATURE _____ DATE _____

PLEASE BE SURE TO ATTACH AD COPY WHERE APPLICABLE.