

DRAWDOWN REQUEST FORM

KLAMATH COUNTY ECONOMIC DEVELOPMENT GRANT PROGRAM

Please complete and submit this form to the Economic Development Grant Coordinator at the address listed below to receive your grant funds. **20% of the grant is withheld until the final report is submitted.**

_____	Amount of Award: \$ _____
Name of Organization	Grantee Code _____

Address	

City, State, Zip	

Contact Person	

Phone Number	

Title of Project	

Balance of Award: \$ _____

Drawdown Requested: \$ (_____)

Remaining: \$ _____

I/We, the administrator(s) of this project, certify that the attached invoices are accurate and that our project did receive the services/supplies being billed in accordance with the provisions of the Economic Development Grant program.

_____	_____	_____
Signature	Title	Date

Attach documentation of the expenses to justify your request: (documentation could include copies of bills, invoices, canceled checks, receipts, etc.) The amount requested should not exceed your documentation.

- ✓ All (up to 80% pending final report) or a portion of the awarded grant funds may be drawn down, as necessary.
- ✓ Checks will be issued according to the County's usual accounts payable schedule.
- ✓ Requested amount must be equal to or less than the total of all attached documentation (bill, invoice, receipts, canceled checks, etc.)
- ✓ Klamath County will not reimburse any costs that are incurred before the grant agreement date.
- ✓ Please contact the Finance Grant Coordinator at 541-883-4202 ext. 3035 with any questions.

Submit to:
Klamath County Finance
305 Main Street
Klamath Falls, OR 97601