

MEG Completion and Requisition Form *(To be completed by the municipality after training)*

TOWN:

Grant Agreement No.:

Date of Training:

Topic of Training:

Trainer(s):

Name Boards and Commissions (e.g. Planning Commission, ZBA) or others who attended (attach copy of sign-in sheet):

Number of members from your town who participated:

Number of other participants:

List of any training materials used (attach separate sheet if needed):

Request for Grant Reimbursement

Final Costs: *(Please attach copies of your bills, receipts, and documentation of payment for services/items listed in Attachment A of the grant agreement. Only those expenses directly related to the activities approved in the Grant Agreement letter are eligible.)*

Total Grant Funds Spent: \$ _____

To the best of my knowledge the information in this report is true and correct. Expenditure of grant funds has only been on those eligible items as specified in Attachment A of the Grant Agreement. All records related to this grant will be maintained for three years, during which time they will be made available upon request.

Grant Administrator Signature _____

Date _____

(Reimbursement check will be sent to Municipal Treasurer)

Town Treasurer's address _____

Please Attach:

1. Copy of sign-in sheet
2. MEG training evaluation forms filled-out by participants
3. Invoices and proof of payment for trainer and any other approved expenses

Within 30 days of completion of training, send to:

Vermont Division of Community Planning and Revitalization
Department of Housing and Community Affairs
One National Life Drive, 6th Floor
National Life Building
Montpelier, VT 05620-0501

Questions? Contact Brenda Greika at 802-828-3243

DHCA Use Only: Reviewed and Approved by _____

Date: _____