

City of Atlanta  
 Attn: W&S Project Coordinator  
 68 Mitchell Street, Suite 3150  
 Atlanta, Georgia 30335

CONTRACT NO. \_\_\_\_\_  
 REQUEST NO. \_\_\_\_\_  
 DATE SUBMITTED \_\_\_\_\_

**SECTION I - GRANTEE IDENTIFICATION**

GRANTEE : \_\_\_\_\_ DATE OF THIS REPORTING PERIOD \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

**SECTION II - EXPENDITURES OF EC FUNDS**

Column 5	Column 1	Column 2	Column 3	Column 4	
Expenditure Category	Contract Budget	Expenses incurred this reporting period	All prior expenditures	Total Expenditures to date (Columns 2 + 3)	Balance available (Col. 1 - 4)
Personnel					
Fringe					
Travel					
Equipment					
Supplies					
Consultants/Contracts					
Other Cost					
<b>Final Totals:</b>					

This request is for reimbursement in the amount of \$ \_\_\_\_\_ (Total of Column 2), the total of expenses incurred under the \_\_\_\_\_ program for this period.

ATTACH COPIES OF DOCUMENTATION AS DESCRIBED ON THE BACK OF THIS FORM. If lengthy explanations of special circumstances involving this request are required, attach a letter to the back of this form in front of other documentation.)

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED AGENCY OFFICIAL (This form must be submitted with an original signature)

***Do not write below this line – Weed and Seed administrative use only***

**APPROVAL FOR PAYMENT**

PROGRAM COORDINATOR: \_\_\_\_\_ DATE PROCESSED : \_\_\_\_\_

CHECK MAILED: \_\_\_\_\_ CHECK NO. \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING REQUEST FOR FUNDS FORM

### **SECTION I: Grantee Identification**

List Address where checks should be sent.

Contact Person / Phone No.: List person responsible for financial management of your W&S project.

Contract Number: Supplied by City of Atlanta Weed and Seed

Date of this reporting period: Generally the first and last days of the month or quarter.

Check off if billing arrangements are monthly or quarterly.

**SECTION II: Expenditures of EC Funds.** DO NOT REPORT EXPENDITURES OF FUNDS FROM SOURCES OTHER THAN THE W&S GRANT!

**Expenditure Category:** These are categories from your approved W&S budget as exhibited in the contract. No changes can be made to these categories or the contracted amounts without written consent from Atlanta Weed and Seed.

**Column 1 - Contract Budget:** This is the original amount of your approved W&S budget by expenditure category.

**Column 2 - Expenses incurred this period:** Indicate the total expenses for each budget category which you are asking to be reimbursed during the reporting period at the top, right hand side of the form. Documentation must clearly match each category.

**Column 3 - All prior expenditures:** Indicate the cumulative amounts spent in each category from the original contract date up until (but not including) this reporting period. Use the figures in Column 4 from your previous Request for Funds form or -0- if this is your first request.

**Column 4 - Total expenditures to Date:** Add columns 2 + 3.

**Column 5 - Balance Available:** Subtract column 4 from column 1.

**DOCUMENTATION:** Acceptable documentation of expenses include:

**Personnel Costs:** Use provided Time Sheet form. Personnel costs include salaries, hourly wages, payroll taxes paid by the employer (FICA, Medicare, Unemployment and Workmans Comp.) And benefits such as health and dental insurance, cafeteria plan deposits by the employer, or other employee benefits paid by the employer. Do not include any expenses paid by the employee and deducted from his or her check.

**Travel, Equipment, Supplies:** Provide original invoices or receipts for all expenditures under these categories. Each invoice should be clearly marked as to which budget category it represents and separated by category. Do not provide more than one item of documentation for each expenditure. E.G., do not include an invoice, cancelled check and requisition form - the invoice only is what is required.

**Consultant/Contracts:** Provide consultant contract and original invoices.

**Keep copies of all receipts on file** (except for this form): Keep all copies of documentation on file for future monitoring visits and possible federal audits. Follow the guidelines in the Sub-grantee manual for preparing documentation for submission with this form.



**Budget Adjustment Form**

City of Atlanta  
Attn: W&S Project Coordinator  
68 Mitchell Street, Suite 3150  
Atlanta, Georgia 30335

**Attachment C**

GRANTEE \_\_\_\_\_  
CONTRACT NO. \_\_\_\_\_  
REQUEST NO. \_\_\_\_\_  
DATE SUBMITTED \_\_\_\_\_



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**SECTION I – NARRATIVE FOR JUSTIFICATION**

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**SECTION II – BUDGET MODIFICATION**

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	Column 1	Column 2	Column 3	Column 4
<b>Expenditure Category</b>	<b>Contract Budget</b>	<b>All prior expenditures</b>	<b>Change Request</b>	<b>Revised Budget</b>
Personnel				
Fringe				
Travel				
Equipment				
Supplies				
Consultants/Contracts				
Other Cost				
<b>Final Totals:</b>				

This request is for modification in the amount of \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENCY OFFICIAL (This form must be submitted with an original signature)

***Do not write below this line – Weed and Seed administrative use only***

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**APPROVAL FOR ADJUSTMENT**

PROGRAM COORDINATOR: \_\_\_\_\_ DATE PROCESSED : \_\_\_\_\_

Comments: