

Lexington-Fayette Urban County Government  
Division of Grants and Special Programs

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Lexington-Fayette Urban County Government  
200 East Main St., 6<sup>th</sup> Floor - Lexington, KY 40507  
Ph (859) 258-3073 Fax (859) 258-3081



**FY17 NEIGHBORHOOD ACTION MATCH PROGRAM**

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**(NAMP)**

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*Instructions and Forms for  
Requesting a Reimbursement*

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## **REQUESTING A REIMBURSEMENT**

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The grant award shall require a contract between the Urban County Government and the neighborhood association through which each party accepts certain obligations to the other regarding the disbursement and use of funds. **The Urban County Government will not disburse funds for expenses incurred by the Neighborhood Association prior to the execution of a contract signed by both the mayor and an authorized representative of the neighborhood association, as awarded by the Urban County Council.**

Grant awards are not disbursed up front, but on a *reimbursement basis*.

The **treasurer of the neighborhood association or the authorized official identified in the application** will submit a Reimbursement Request to the Division of Grants and Special Programs of the Urban County Government.

**Email submissions are preferred.** In order to request a reimbursement from NAMP, please submit the following to Suzie Loveday at [sloveday@lexingtonky.gov](mailto:sloveday@lexingtonky.gov):

- An email or cover letter reporting the activity progress
- Pictures showing the work completed
- the reimbursement amount requested (ROUNDED TO THE NEAREST DOLLAR),
- expenditure and match forms (signed by the designated official), along with invoices, receipts, cancelled check copies (or other documentation of payment) and documentation of match.

Each request for payment must show that the Neighborhood Association has expended cash equal to or more than the amount of reimbursement requested. Additionally, the match requirement must also be met. For every \$1 expended and requested in NAMP funding, an additional \$1 of match must be documented.

The Division of Grants and Special Programs will review each Reimbursement Request. If all acceptable documentation has been included, the request will be forwarded to the Division of Accounting to issue a check. All payments shall be issued directly to the designated neighborhood association representative. LFUCG will not make any payments to suppliers or contractors.

If the request is missing documentation or has not provided adequate documentation, the Grants Manager will contact the Neighborhood Association to request the missing documents.

If you have any questions, please contact Suzie Loveday, Grants Manager at (859) 258-3073 or [sloveday@lexingtonky.gov](mailto:sloveday@lexingtonky.gov).

If you are unable to **email** your Request for Reimbursement to [sloveday@lexingtonky.gov](mailto:sloveday@lexingtonky.gov), you may send it to:

**LFUCG DIVISION OF GRANTS AND SPECIAL PROGRAMS  
ATTN: SUZIE LOVEDAY, GRANTS MANAGER  
200 EAST MAIN STREET, 6<sup>TH</sup> FLOOR  
LEXINGTON, KENTUCKY 40507**

**LFUCG DIVISION OF GRANTS AND SPECIAL PROGRAMS  
NEIGHBORHOOD ACTION MATCH GRANT**

**Reimbursement Request Form**

Neighborhood Association Name: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Request #: \_\_\_\_\_ Project Complete: Yes \_\_\_\_\_ No \_\_\_\_\_

Attach cover letter reporting the activity progress, the applicable expenditure and match forms, along with invoices, receipts, check copies, pictures, etc. and documentation of match.

PROJECT COSTS	\$ AMOUNTS
<b>Grant Expenditures</b>	\$
<b>Cash Match</b>	\$
<b>Volunteer Labor/In-Kind Service Match (if applicable)</b>	\$
<b>Donated Material Match (if applicable)</b>	\$
<b>TOTAL COSTS</b> <i>Field will calculate automatically</i>	\$
<b>Less: Neighborhood Share/Match</b> (Must be at least a 1:1 match per dollar requested) <i>Enter using a negative sign.</i>	\$
<b>Amount Requested/LFUCG Share</b> (Should equal 50% or Less of TOTAL COSTS) <i>Field will calculate automatically</i>	\$

Print Name and Title

Signature

Date

**LFUCG DIVISION OF GRANTS AND SPECIAL PROGRAMS  
NEIGHBORHOOD ACTION MATCH GRANT**

**Documentation of Grant Expenditures**

Indicate below the name of vendor and eligible expenditures for relative grant project. **(Attach applicable invoices, receipts and proof of payment such as a canceled check.)**

Vendor	Date	Description of Materials and Supplies/ Services	\$ Costs
<b>TOTAL</b>			

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Print Name and Title Signature Date

**LFUCG DIVISION OF GRANTS AND SPECIAL PROGRAMS  
NEIGHBORHOOD ACTION MATCH GRANT**

**Documentation of In-Kind/Donation Match**

Indicate below the name, number of hours and activity volunteers have spent participating in activities or donation information relative to the grant project. **(Attach applicable donation letters, receipts, and volunteer sign-in sheet with signatures.)**

Description of In-kind Activity or Donated Materials	# of hours	\$ Rate	\$ Inkind/ Donation Total
		<b>TOTAL</b>	

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Print Name and Title

Signature

Date

**LFUCG DIVISION OF GRANTS AND SPECIAL PROGRAMS  
NEIGHBORHOOD ACTION MATCH GRANT**

## Volunteer Sign-In Sheet

*Duplicate this form as needed.*

Neighborhood Association:									
	First and Last Name	Address	Signature	Date	Time In	Time Out	# of hours	\$ Rate	\$ Total
1								\$7.25	
2								\$7.25	
3								\$7.25	
4								\$7.25	
5								\$7.25	
6								\$7.25	
7								\$7.25	
8								\$7.25	
9								\$7.25	
10								\$7.25	
								<b>\$7.25</b>	