

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

Lexington-Fayette Urban County Government
200 East Main St., 6th Floor - Lexington, KY 40507
Ph (859) 258-3072 Fax (859) 258-3081



NEIGHBORHOOD ACTION MATCH PROGRAM

(NAMP)

*Instructions and Forms for
Requesting a Reimbursement*

REQUESTING A REIMBURSEMENT

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.

LFUCG 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 Lexington-Fayette Urban County Government

Email submissions are preferred. In order to request a reimbursement from NAMP, please submit the following to Celia Moore at cmoore@lexingtonky.gov:

The Reimbursement Request must include:

- cover letter or email reporting the activity progress,
- full color pictures (electronic preferred),
- the reimbursement amount requested (ROUNDED TO THE NEAREST DOLLAR),
- attached expenditure and match forms,
- attached invoices/receipts
- attached documentation of payment of invoice *which includes a cancelled check*, and
- documentation of match such as volunteer sign-in sheet or letters documenting donations.

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 requested in NAMP funding, an additional \$1 of match must be documented, unless located in an eligible census tract. If located in an eligible census tract, associations must document at least 10% of the grant award in match.

The Division of Grants and Special Programs will review each Reimbursement Request and forward to the Division of Accounting for payment. All payments shall be issued directly to the designated neighborhood association representative. LFUCG will not make any payments to suppliers or contractors.

Should the Division of Grants and Special Programs determine that project progress and/or the project management of the neighborhood association do not satisfy the terms of the grant award, the Grants Manager shall contact the Neighborhood Association's representative for the information necessary prior to approving the reimbursement request. The Division may also notify the Mayor's Office and appropriate district Councilperson and arrange a meeting with the Neighborhood Association to seek to resolve the problems and/or issues identified which prevent approval of the Request for Reimbursement.

If you have any questions, please contact Celia Moore, Grants Manager at (859) 258-3072 or cmoore@lexingtonky.gov.

If you are unable to **email** your Request for Reimbursement to cmoore@lexingtonky.gov, you may send it to:

**LFUCG DIVISION OF GRANTS AND SPECIAL PROGRAMS
ATTN: CELIA MOORE, GRANTS MANAGER
200 EAST MAIN STREET, 6TH FLOOR
LEXINGTON, KENTUCKY 40507**

REPORTING REQUIREMENTS

The neighborhood association must submit a Project Completion Report with the submission of the final request for payment. The report shall:

- (1) describe the projects and the benefits derived from its implementation;
- (2) include (electronic) full color photographs of the completed project;

The Project Completion Report shall be submitted via email to Celia Moore at cmoore@lexingtonky.gov. If email is not an option, reports may be mailed to the address above.



LEXINGTON

NEIGHBORHOOD ACTION MATCH PROGRAM

Reimbursement Request Form

Neighborhood Association Name: _____

Contact Person Name and Title: _____

Address: _____

Phone: _____ Email: _____

Request #: _____ Project Complete: Yes No

Project Title: _____

Contract expiration date: _____ Extension needed? Yes No

If an extension is needed, please contact the Grants Manager as soon as possible.

Grant Award Amount	Grant Request	Balance	Match

(Please round numbers to the nearest dollar)

Include a cover letter/email reporting the activity progress, the applicable expenditure and match forms, along with invoices, receipts, check copies, pictures, and documentation of match.

Print Name and Title

Signature

Date

LFUCG Official Use Only

Approved by: _____ Date: _____

Documentation of Grant Expenditures

Indicate below the name of vendor and eligible expenditures for grant project.

(Attach applicable invoices and receipts)

Description of Materials and Supplies/Services (List Vendor Names, if applicable)	NAMP Request	Cash Match	Donated Services/ Materials Match	Total
Totals:				

Print Name and Title

Signature

Date

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 or receipts.)

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

Print Name and Title

Signature

Date

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	
								\$7.25	