

Facade Improvement Grant

Disbursement Request

This form is to request grant funds AFTER the project is 100% complete

Applicant's Name: _____

Property Address: _____

Mailing Address: _____

Email: _____

Contact Phone Number: _____

Award Amount: _____

Complete the below expenditure log.
Only use approved vendors as outlined in your application request.
Do not include ineligible expenses.

- Attach PAID **RECEIPTS** from each vendor.
- Attach photo(s) of building renovations.

Approved Vendor	Description of Services	Invoice Amount	Grantor Portion 75%	Grantee Portion 25%
<i>ABC Company</i>	<i>Stucco</i>	<i>\$13,500</i>	<i>\$10,125</i>	<i>\$3,375</i>
TOTAL		\$	\$	\$

Remit this form, receipts, and photos to:

Barton County
Attn: Sue Cooper
1400 Main St.
Great Bend, KS 67530
scooper@bartoncounty.org

Signature: _____ Date: _____