

ADDITIONAL GRANT INFORMATION NEEDED

(Project Start Date/Reimbursement/Authorized Designee)

Grant Number:		Entity Name:	<i>United Church of Rogers Park</i>
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Please complete the following questionnaire and return it to your Grant Manager as a PDF via email. Please make sure to sign and date page 2 of this form. Please do not use an electronic signature. If you have questions, please contact your Grant Manager directly.

A. PROJECT START DATE

1. Has work on this project started? ____ Yes ☒ No
2. If work on the project has started, is that work being paid for via the use of these specific Grant funds? (This would include the first date that any Design and Engineering work on this project started if being paid for via the use of these specific Grant funds.)
____ Yes ____ No
3. If work on this project has started, what was the first date work began? (This would include the first date that any Design and Engineering work on this project started if being paid for via the use of these specific Grant funds.) Month _____ Date _____ Year _____
4. Have you gone out to bid for this project, if required? ☒ Yes ____ No.
If yes, on what date? Month *Sept* Date *7* Year *2024*
If you have not gone out to bid, do you have an anticipated date you will do so?
Month _____ Date _____ Year _____
5. If work for this project has not yet started, do you have an anticipated date that work on the project will begin? Month _____ Date _____ Year _____
6. If work on the project has not yet started, and you do NOT have an anticipated start date, will you be waiting to begin work until after the Grant Agreement is fully executed? ____ Yes ____ No

B. REIMBURSEMENT PROCESS

The Department needs to establish whether an advance payment (also known as a Working Capital Advance) is needed.

Your Grant will be administered on a reimbursement basis unless your entity feels there is a need for a Working Capital Advance. If a Working Capital Advance is required, we would need to receive a stipulation to that effect – on entity letterhead for our files – explaining why the project requires upfront funding (i.e., why the project can't be started without upfront Working Capital). A Working Capital Advance will be based on completion of the Estimated Expenditure Schedule. If you request a Working Capital Advance, your Grant Manager will email you an Estimated Expenditure Schedule (in Excel format) to be filled out by your entity. You will submit this Estimated Expenditure Schedule with the letter requesting the Working Capital Advance. A Working Capital Advance will be based on the first 2 (two) consecutive months of estimated expenses. After that advance, the balance of the Grant funds would be via reimbursement, based on review & approval of submitted financial reports reflecting expenditures charged to the approved Grant Budget. * Please note that Section 4.6 of your eventual Grant Agreement **requires** the Grant funds (Advance Pay), once received, be deposited into an **interest-**

bearing account. "Any interest earned on these Grant funds must be accounted for", therefore you may find it beneficial to open a separate account specifically for the Grant funds...rather than co-mingling with other funds. The interest earned must be listed on each of the subsequent reports to be submitted. Any and all interest may need to eventually be returned to the Department at the time of Final Report submission.

If there is no need for such an advance, and you have determined the entire Grant amount will be via reimbursement, based on review & approval of submitted financial reports and supporting documentation reflecting expenditures charged to the approved Grant Budget, this signed document will serve as verification of such. (Supporting documentation will consist of items such as (invoices, cancelled checks, lien waivers, construction contracts, etc.)

Your entity will be requesting: _____ Reimbursement ☒ Working Capital Advance

C. AUTHORIZED DESIGNEES (SIGNATORIES)

If you would like someone other than the Authorized Official to sign documents on your behalf, please list them here:

Name _____
Title _____
Phone _____
Email _____

Name _____
Title _____
Phone _____
Email _____

Authorized Official Name: Sehn Botts Title: Pastor

Authorized Official Signature: Sehn M Botts Date: 7-2-24