

Organization Name:
Focus Grant FY: 20XX
Resolution #: R-20XX-XXXX
Granting Agency: City of West Allis Planning

Remit Payment To:

Vendor and Item Purchased	Reimbursement Cost
Vendor name & specify activity item	\$0.00
	\$0.00
Total Reimbursement Expense:	\$0.00
City of West Allis 75% Grant:	\$0.00
NA Assc. 25% contribution:	\$0.00
Check Issued for:	\$0.00

I certify that the information contained in this report is correct and is recorded as such on the books of this department/agency. I certify that the expenditures reflected herein were made in accordance with the conditions of the agreement of this department/agency and has not been reimbursed by any other source.

For questions on this report, contact:

NA Rep. Signature **Date**

Name **Phone/email**

City of West Allis Approval

CDSP Signature **Date**

City of West Allis Program Approval

P&Z Manager Signature **Date**