

HISTORIC SITE PRESERVATION GRANT REIMBURSEMENT FORM

Historic Site Preservation Grant (HSPG) reimbursement forms are to be completed and returned to the State Historical Society of Iowa every 90 days from the inception of the grant contract. Even if you do not have need of a reimbursement, you must submit a narrative accounting of your grant project progress.

Report narratives and financial information included in grant reimbursement forms provide the State Historical Society valuable information that is used in our annual reports to the Iowa General Assembly and to assess the grant programs. Regular narrative reports allow us to evaluate the progress of your project, and the final report provides a larger picture of your accomplishments.

If you have any questions about a reimbursement report, please contact Kathy Gourley at kathy.gourley@iowa.gov or by phone at 515-281-6913.

Mail the reimbursement report and all attachments to: Kathy Gourley, Grants Manager, State Historical Society of Iowa, 600 E. Locust, Des Moines, IA 50319-0290.

REIMBURSEMENT/NARRATIVE REPORT CHECKLIST:

Submit the following in your REIMBURSEMENT/NARRATIVE REPORT. Make a copy for your files.

- Reimbursement Report Form (sign in blue ink)
- Reimbursement Report Form Narrative
- Photographs of the progress made during this request period
- When applicable, copies of materials (plans, etc.) produced as a result of the grant

REIMBURSEMENT/NARRATIVE REPORT

Use no more than two sheets of white 8 ½" x 11" paper, type no smaller than 12 pt.

Type your grant number and project title at the top of each page

Address the questions in the order they are listed. Begin each section with the corresponding letter and underlined heading.

- Project Summary: Did the grant activity take place as described in the grant application. If not, describe the change(s) and state why these changes were necessary.
- Success/Barriers: How successful were you in meeting the goals and objectives outlined in the application? Describe what contributed to the grant activity's success, and/or what barriers you faced.
- Outcomes: What do you think were the three greatest outcomes of your grant activity?
- Benefits: How do you think your project benefited you, the participants, your community, and/or other Iowans?
- Comments and Suggestions: Is there anything you would like the State Historical Society to know in order to improve and/or strengthen our grant programs?
- Anecdotal information: Include any anecdotal information (successes, criticisms, comments by participants, etc.) pertinent to your grant activity.

HSPG REIMBURSEMENT REQUEST

Applicants must match HSPG dollar-for-dollar. Grants expenses must reflect the scope of work detailed in the contract and may not include any overhead expenses.

FOR OFFICE USE ONLY:

ACCT. CODE: 5601
Date Received:
Entered:
Date to DCA:
Approved by:
This grant is OPEN CLOSED

TO BE COMPLETED BY GRANT RECIPIENT:

Grant Recipient:	
Grant Address (for check):	
FEIN # (Last 4 digits only)	
Grant Number:	
Project Title:	
Total Amount of Grant:	
Amount Now Requested:	
Balance of Remaining Grant:	

COPIES OF INVOICES MUST BE ATTACHED TO THIS REIMBURSEMENT FORM IN THE ORDER IN WHICH THEY ARE NOTED ON THE TABLE BELOW:

DATE	INVOICE # and/or Name of Vendor	Cash Match (What is being paid with your portion?)	Expenditures from Grant (What is being paid with grant funds?)	Total
	TOTAL			

Assurances: I certify that all project work has been accomplished in accordance with the Secretary of the Interior’s Standards for Historic Preservation, and—if applicable—nationally accepted library/archives or museum technical standards.

I certify that to the best of my knowledge and belief this report is true in all aspects, is in agreement with official accounting records, and that all disbursements have been made for the purposes of the contract.

Signature of Legally Authorized Representative

Date