

**CULTURAL STAR CAPITAL PROJECT
REIMBURSEMENT REQUEST FORM**

Project Title:
City Project Manager:
Project Manager:

Entity Name:
Address:

Contract Effective Dates:
Award:
Draw Request #:

1% Invoice Paid:

Final Request:
***Retainage withheld**
in final draw:

GRANT REIMBURSEMENT

*5% of construction costs, if final disbursement documentation has not been submitted

BUDGET EXPENSE CATEGORY	TOTAL STAR BUDGET (A)	EXPENDED THIS PERIOD (B)	PREVIOUSLY EXPENDED (C)	UNEXPENDED BALANCE [A-B-C]
Acquisition				
Renovation/Rehab – Commercial				
Renovation/Rehab – Residential				
New Construction – Commercial				
New Construction – Residential				
Public Improvements				
Private Open Space Improvements				
Direct Project Costs – please list				
TOTALS				

Checks will be issued within 10-14 working days of receipt of verified and approved request form by PED Accounting Section.

CERTIFICATE OF CONTRACTING AGENCY:

I hereby certify that the expenses and match funds documented above represent the actual value of costs incurred under the terms of the contract between the City of Saint Paul and this organization. I also certify that all federal, state and local regulations regarding expenditures and accounting procedures have been followed.

\$0.00

Total requested

Signature (blue or black ink required)

date

**By signing this form, I agree that I will pay all contractors, vendors and other service providers that have done work on this project (including but not limited to those on the attached list) and will provide proof of such payment to the City's Project Manager within 15 days of receiving funds from the City.
I understand that if I fail to make and provide proof of such payments within 15 days I may be required to repay**

CITY APPROVAL:

I hereby certify that I have verified the reimbursement documents for this program and have placed them in the central filing system.

City project manager signature (required)

date

STAR Tracking #:

Cultural STAR Acct Code: 1-28551200-73220-51202xxxxx-73220

STAR verification: _____

CIF #:

Compliance verification: _____