

# DRAWDOWN REQUEST FORM

## KLAMATH COUNTY CONTRACTOR GRANT PROGRAM

Please complete and submit this form to the Contractor Grant Coordinator at the address listed below to receive your grant funds. Max grant award is \$5,650.00 per applicant.

\_\_\_\_\_  
Name of Organization

Amount of Award: \$ \_\_\_\_\_

\_\_\_\_\_  
Address

Grantee Code \_\_\_\_\_

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Federal Tax ID # or SSN

\_\_\_\_\_  
Title of Project

Balance Brought Forward: \$ \_\_\_\_\_

Drawdown Requested: \$ ( \_\_\_\_\_ )

Remaining: \$ \_\_\_\_\_

I/We, the administrator(s) of this project, certify that the attached invoices are accurate and that our project did receive the services/supplies being billed in accordance with the provisions of the Contractor Grant program.

\_\_\_\_\_  
Signature Title Date

Attach documentation of the expenses to justify your request: (documentation could include copies of bills, invoices, canceled checks, receipts, etc.) The amount requested shall **not** exceed your documentation.

- ✓ Checks will be issued according to the County's usual accounts payable schedule.
- ✓ Requested amount must be equal to or less than the total of all attached documentation (bill, invoice, receipts, canceled checks, etc.).
- ✓ Klamath County will not reimburse any costs that are incurred before the grant agreement date.
- ✓ Please contact Klamath County Commissioners Office at 541-883-5100 with any questions.

Submit to:  
Klamath County Commissioners Office  
305 Main Street  
Klamath Falls, OR 97601