

DRAWDOWN REQUEST FORM

KLAMATH COUNTY COVID-19 EMERGENCY RESPONSE GRANT

Please complete and submit this form to the Tourism Grant Coordinator at the address listed below to receive your grant funds. **20% of the grant is withheld until the final report is submitted.**

Name of Organization

Address

City, State, Zip

Contact Person

Phone Number

Federal Tax ID # or SSN

Title of Project

Amount of Award: \$ _____

Grantee Code _____

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 Tourism 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 should **not** exceed your documentation.

- ✓ All (up to 80% pending final report) or a portion of the awarded grant funds may be drawn down, as necessary.
- ✓ 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 Finance Grant Coordinator at 541-883-4202 ext. 3035 with any questions.

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