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: $__________________

Grantee Code ______________________

Address

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

Revised December 26, 2019