MINER STREET GRANT AUTHORIZATION FOR REIMBURSEMENT
Facade Grant Program

PLEASE PAY:
ADDRESS:
CITY/STATE/ZIP:

Item Being Reimbursed:	Amount:
Total	
Total to be Reimbursed (50% of Total)	

Comments:

I declare under the penalty of perjury that the information I have provided herein is true and correct. Signature:_____	Date:
Approved By:	Date:

GL#: 04-610-1018-561-000 Community Allocations - Miner Street Grant Program