

**EARLY CHILDHOOD EDUCATION GRANT  
 QUARTERLY REIMBURSEMENT REQUEST**  
 NORTH DAKOTA DEPARTMENT OF COMMERCE  
 WORKFORCE DEVELOPMENT DIVISION  
 SFN 60889 (08/2016)

P.O. Box 2057 Bismarck, ND 58502-2057 Telephone: (701) 328-7263 kkraft@nd.gov
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Please complete and submit this form to the Dept of Commerce **no later than the 7 days** after the close of quarter.

- Close of Quarter 1 - Sept 30
- Close of Quarter 2 - Dec 31
- Close of Quarter 3 - March 31
- Close of Quarter 4 - June 30

Organization		Primary Contact	
Title		Address	
City		State	ZIP Code
Primary Telephone	Primary Fax	Primary E-mail	
Project Location			

**Financial Data**

Total Award Amount	\$
Previous Requests	\$
Amount Currently being Requested for Reimbursement	\$
Amount of Funding Remaining	\$

Is this your final reimbursement request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Number of 4 Year Olds - Free Lunch		x \$500 =	\$
Number of 4 Year Olds - Reduced Lunch		x \$250 =	\$
Number of All Other Enrolled 4 Year Olds		x \$0 =	\$
Total		Total	\$

Signature	Title	Date
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**FOR OFFICE USE ONLY**

Grant Number	Approved for Payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature	Date
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