

**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

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents were notified the prorated amount attributable to their child(ren) for the previous quarter? Please retain copies for your records.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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
-----------	-------	------

FOR OFFICE USE ONLY

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