KBB FLORIDA FRIENDLY LANDSCAPE GRANT REQUEST FOR FUNDS FORM

Organization & Project Name: _____

Contact Person: _____

Report Period Dates: _____

Amount of KBB Funds requested: _____

Final Project Budget Breakdown

	Plant Materials	Design Services	Installation	Irrigation	Other (Specify)	Total:
KBB Funds:						
Applicant Match Funds:						
Total:						

CERTIFICATION: I certify that the above date is correct, and that the costs shown have been made for the purpose of, and in accordance with, the terms of the contract. The funds requested, are for reimbursement of actual costs made during this time period.

AUTHORIZED SIGNATURE_____**Title:** _____

TYPED NAME _____ **DATE** _____

APPLICANT MATCHING FUNDS SPENT SUMMARY OF ENCLOSURES

Grantee: _____

Date: _____

Please attach a copy of all invoices, receipts & documentation of in-kind services for the following:

Budget Item	Amount Paid Or In-kind	Funding Source	Paid To (if applicable)	Check # (if applicable)

REQUESTED KBB FUNDS SPENT SUMMARY OF ENCLOSURES

Grantee: _____

Date: _____

Please attach a copy of all invoices, receipts & documentation of in-kind services for the following:

Budget Item	Amount Paid Or In-kind	Funding Source	Paid To (if applicable)	Check # (if applicable)