

Illinois Department of Natural Resources  
**Coastal Management Program**  
Small Grant Reimbursement Request

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This reimbursement request form is due twice annually on April 15<sup>th</sup> (October 1-March 31<sup>st</sup>) and October 15<sup>th</sup> (April 1 – September 30). A final request is due 30 days after the completion of your project.

**Instructions:**

- 1) Complete the [small grant reporting form](#) (either online or pdf version)
- 2) Organize all receipts, invoices, and other documentation of expenses.
- 3) Attach expenditure documentation, including receipts and invoices
- 4) Attach personnel time documentation, i.e., timesheets and/or payroll records.
- 5) Attach match documentation, including receipts and invoices, timesheets, payroll records, and letters from partners.
- 6) List all grant and match expenses in the chart Use multiple pages if necessary.
- 7) Ensure that the form is signed by an authorized individual.
- 8) Report must be submitted within 15 days after the reporting period ends. See dates above.
- 9) Send to [DNR.CMP@illinois.gov](mailto:DNR.CMP@illinois.gov). Paper copies can be sent to:

Coastal Management Program  
Illinois Department of Natural Resources  
160 N. LaSalle St., S-703  
Chicago, IL 60601

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01. **Grant Number:** \_\_\_\_\_

02. **Reporting Period:** \_\_\_\_\_ 03. **Year of Reporting Period:** \_\_\_\_\_

04. **Organization Name:** \_\_\_\_\_

05. **Tax ID Number:** \_\_\_\_\_

06. **Street Address:** \_\_\_\_\_

07. **City:** \_\_\_\_\_ 08. **State:** \_\_\_\_\_ 09. **Zip Code:** \_\_\_\_\_

10. **Name of Person Completing Report:** \_\_\_\_\_

11. **Phone Number:** \_\_\_\_\_

12. **Email:** \_\_\_\_\_

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Payment Certification: I hereby certify that this project cost breakdown is correct, just and based upon actual payment(s) of record by the Grantee referenced above; that payment for these costs has not/will not be received from any other source other than the State of Illinois; that payment from the State of Illinois has not been received for these costs; and that completed work is in compliance with the provisions of the signed Grant Agreement, including amendments thereto, with the Illinois Department of Natural Resources.

Grantee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IDNR Project Manager's Review and Approval: To the best of my knowledge, I believe the information provided herein is accurate, complete, and in compliance with the terms and conditions of the grant agreement. I therefore recommend payment be made on this request.

IDNR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

