

MHC MARITIME HERITAGE EDUCATION SUBGRANT PROGRAM
Request for Maritime Matching Funds Reimbursement Form
FY24-25

MHC/NPS Share: _____ (total grant award)
Match Share: _____ (remaining portion)
Total Project Cost: _____ (total eligible costs)

REQUEST FOR MATCHING FUNDS

Date: _____ Partial Payment: ☐ Final Payment: ☐ (check one)

1. Project Name: _____

2. Name of Recipient: _____

Address: _____

City: _____ Zip Code: _____

3. Match Share of Expenditures (total expended this period for eligible work): \$ _____

_____ copies of invoices attached w/copies of cancelled checks (both sides) or warrants for payment

4. Amount of this Request (NPS Share):.....\$ _____

5. Total Grant Amount:.....\$ _____

Amount Previously Requested:.....\$ _____

Amount Now Requested:\$ _____

Balance:.....\$ _____

MHC USE ONLY

REQUESTED BY:

APPROVED FOR REIMBURSEMENT:

Date Requested: _____

Date Processed: _____

MHC Grant Administrator:

MHC SHPO/
Co-Director Grants:

Initials: _____
Shari Perry-Wallace

Signature: _____
Nancy Alexson