



COLORADO

Division of Fire Prevention & Control

Department of Public Safety
690 Kipling Street, Suite 2000
Lakewood, CO 80215

2019 VFA Grant Reimbursement Request Form

Date: _____

Agency: _____

Mailing Address: _____

City: _____ State: CO Zip Code: _____

Email address: _____

Representative Name: _____ Phone: _____

Complete Request: This is a request for the ENTIRE or remaining total grant amount as outlined in the VFA Grant Award Letter. OR a lesser amount than the award letter but is a complete request.

Partial Request: This is a request for part of the total grant award in the amount of: \$ _____.

All requests must be completed and submitted by **July 31, 2019**. Required attachments include: **USDA 1048, W-9, itemized invoice displaying Approved Items, unit costs and quantity, proof of payment; copies of; itemized receipt(s) that clearly identify the items purchased.** Items not matching the original application or award notification may be denied for reimbursement. Submit Reimbursement Requests to: cdps_dfpc_grants@state.co.us.

Applicant Signature: _____ Date: _____

FOR DFPC USE ONLY

Date Received by Grants Manager: _____

Reimbursement Reviewed by: _____ Date Sent to EDO Finance: _____

CORE Coding:

DEPT	FUND	APPR	Unit	Program	Activity	Amount
2015						
RCAA	1000	RFBPNC3FA	CWFP	CSFA15WFVF	GVFA	
RCAA	3350	RRBPNC350	CWFP	CSFA15VMS	GVFA	
RCAA	3350	RRBPNC350	CWFP	CSFA15VMCS	GVFA	
2016						
RCAA	1000	RFBPNC3FA	CWFP	CSFA16VFA	GVFA	
RCAA	3350	RRBPNC350	CWFP	CSFA16VMS	GVFA	
RCAA	3350	RRBPNC350	CWFP	CSFA16VMCS	GVFA	
2017						
RCAA	1000	RFBPNCVFA	CWFP	CVFA17F	GVFA	
RCAA	3350	RRBPNC350	CWFP	CVFA17MS	GVFA	
RCAA	3350	RRBPNC350	CWFP	CVFA17MCS	GVFA	

