

# 2024 Culture, Arts & Heritage Grants

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*City of Vancouver*

## *Project Information for Reimbursement Installment*

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### **Project Name\***

Name of Project.

*Character Limit: 50*

### **Organization Name\***

*Character Limit: 250*

### **Legal Name of Nonprofit (if different from Organization name)**

*Character Limit: 250*

### **Amount Awarded**

*Character Limit: 20*

### **Total Amount Requested for Reimbursement\***

You may submit multiple receipts at a time, with a minimum total of \$1,000. Alternatively, you may wait and submit all receipts together for the total grant reimbursement at the conclusion of your project.

*Character Limit: 20*

### **Date of First Receipt\***

Please state the date of the first receipt included in this reimbursement request.

*Character Limit: 10*

### **Date of Last Receipt\***

Please state the date of the last receipt included in this reimbursement request.

*Character Limit: 10*

### **Receipts\***

Please upload all receipts included in this reimbursement request as one file. You may need to scan multiple receipts and combine them into one pdf, jpeg or tiff file.

*File Size Limit: 4 MB*

## *Reimbursement Details*

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### **Materials, Supplies, & Equipment Costs\***

Please specify the amount of Materials, Supplies & Equipment Costs included in this reimbursement request. If no Materials, Supplies & Equipment Costs are included in this reimbursement request, please enter 0.

*Character Limit: 20*

### **Services Costs\***

Please specify the amount of Services included in the reimbursement request. If no Services are included, please enter 0.

*Character Limit: 20*

### **Services Itemized**

If you are requesting reimbursement for Services, please itemize and explain the services included in this reimbursement request.

*Character Limit: 500*

### **Overhead Costs\***

Please specify the overhead costs included in this reimbursement request. Overhead costs will not be reimbursed over 15% of the awarded amount. If no overhead costs are included in this reimbursement request, please enter 0.

*Character Limit: 20*

### **Overhead Costs Itemized**

If you are requesting reimbursement for Overhead Costs, please itemize and explain the Overhead Costs included in this reimbursement request.

*Character Limit: 500*