

Arkansas Alternative Fuels Development Program

Distribution Incentive Grant Request for Reimbursement

This form is for use by persons or entities who have received notice from the Arkansas Secretary of Agriculture of a Distribution Incentive Grant award. Please complete and present to Arkansas Agriculture Department (AAD) staff at the time of the Onsite Review.

Deadline for Request

All requests for reimbursement, regardless of fiscal year for which the grant was approved, must be submitted to the AAD by May 30, 2011 or reimbursement may be denied.

Onsite Review

Upon completion of approved construction, modification, alteration, or retrofitting of alternative fuels distribution site, applicant must contact AAD and request an onsite review by staff. Review is only to verify compliance with grant award and does not imply evaluation for or approval of any other aspect of the facility.

Documentation

Attach documentation of the approved expenditures for which you are requesting reimbursement.

Warrant Information

A completed Federal Form W-9 must be on file with AAD before a warrant can be issued. Please type or print clearly.

Grant Recipient's Name: _____
(As listed in award notice.)

Mailing Address: _____
(To which the warrant is to be mailed.)

City: _____ State: _____ Zip Code: _____

Amount Approved in Grant Award: \$ _____

Authorized Agent Certification:

I hereby certify all information given on this application to be true and correct.

Name: _____ Title: _____

Signature: _____ Date: _____

This Box For AAD Use.

Date of Review: _____ Amount Approved: \$ _____

Signature: _____