



Community Partnership for Protecting Children

"Promoting positive home and community environments

to encourage safe, healthy, and successful children and families."

Mini-Grant Reimbursement Instructions

1. If you no longer need the funding, or need less than the amount awarded, please notify us as soon as possible, and no later than 10 to 15 days after your event, so we can release the funding for additional applications.
2. **Shifting funds** among categories is acceptable as long as:
 - funds are shifted among only the originally approved categories
 - it does not change the scope of work of the project
 - the shift is not more than 10% of the total budget.
3. Shifts **greater than 10%** of the total budget require approval from CPPC **before** making any adjustments.
4. If your budget includes **food costs**, receipts for food costs must include a detailed list of foods purchased. We can't reimburse for alcohol or tobacco.
5. If your budget includes **travel costs**, you will bill mileage at the state rate of \$0.39 per mile. We can't reimburse for gasoline.
6. To request reimbursement, you will submit receipts and invoices to JC Social Services **by the 10th of the month**. Invoices and receipts will be submitted **each month** in which purchases/expenditures are made. **Do not wait** until the end of the year to submit for reimbursement.
7. Unless other arrangements are made, **reimbursement requests received after June 10 may not be paid.**
8. When completing the invoice form, always refer back to the budget that was approved with your application.
9. Total of funding used will be included on final report, which must be submitted with the last payment request. The payment will not be made until a final report is received.
10. If you have not received reimbursement from Johnson County in the past, include a completed and **signed W-9** form with your invoice.
11. Invoices must include:
 - The name of the organization, person to contact, and address to which we will send payment
 - All receipts and/or documentation for expenditures
 - The date of each receipt
 - Your organization tax id or a W-9 of the person being paid
 - If you have other funding from the county, you need a **separate** receipt for mini-grant items from other items for your agency.
 - Please total all receipts and provide a note if you will not expend the amount awarded.

Johnson County Community Partnership for Protecting Children

INVOICE

Project Title: _____.

SUBMITTING ORGANIZATION:

Name: _____

DATE: _____

Address: _____

Phone: _____ Fax: _____

Tax ID #: _____

E-mail: _____

SUBMIT
TO Johnson County CPPC
Attn: Laurie Nash
855 S. Dubuque St. 202B
Iowa City, Iowa 52240

RECEIPT DATE	DETAILED DESCRIPTION OF EXPENSE	AMOUNT
TOTAL:		

* please attach documentation of all expenses claimed e.g. receipts

For Office Use Only

STATE CPPC CONTRACT #	
JOHNSON COUNTY BUDGET LINE ITEM	
APPROVAL DATE	



Community Partnership for Protecting Children

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to encourage safe, healthy, and successful children and families."*

Mini-Grant Report Form

Date: _____

Total Amount Spent: _____

Group/Organization Name: _____

Contact Person: _____

Phone/email: _____

Name of activity/event: _____

Date(s) of activity/events: _____

Number of youth involved: _____

Number of families/parents involved: _____

Were marketing efforts successful in reaching your target audience? Yes ___ No ___

Describe how the funds were used: _____

Describe how the activity/event achieved the intended outcome: _____

Provide a detailed description of how this activity/event helped to prevent child abuse in our community; promote positive home and community environments, and/or encourage safe, healthy, and successful children and families: _____

Other comments: _____

Submit report to:

Laurie Nash
Johnson County Social Services
855 S. Dubuque St. Ste 202B
Iowa City, Iowa 52240
lnash@johnsoncountyiowa.gov