

South Carolina Forestry Commission REQUEST FOR REIMBURSEMENT COMMUNITY MITIGATION PROJECTS

1. Community: _____
Name: _____
Address: _____
City, State, Zip Code _____

2. Social Security Number or Employer Federal Identification Number: _____
*****You must complete and return the attached W-9 form if you have not submitted one for a previous grant application*****

3. Reimbursement Request Amount: \$ _____
Enter the total amount you are requesting for reimbursement for this project. This amount can be a partial payment but should not exceed the amount you were approved for in your grant acceptance letter.

Total Expenses/Volunteer Hours: \$ _____
Enter total dollar amount from all invoices for services rendered which should show work done (i.e. hours of fuelbreaks/firebreaks and/or acres burned). Please include invoices that should show check number and date paid. Please add any addition expenses or volunteer hours accrued to meet the matching requirements of the grant. This amount should be at least twice the amount of the reimbursement request amount.

4. Grant Allocation: _____ (*** Will Be Filled in by SCFC**)
Grant check will equal expenses paid up to \$40 per acre for burning (to include firebreak plowing) or up to \$600 per acre for mechanical fuel treatments (i.e. gyro-track) of qualified invoices, whichever is less.*

**Payments for fuels mitigation treatments to include prescribed burning will be considered on a case by case basis. The minimum reimbursement will be for a 2 chain wide strip (132 feet) adjacent to the community. Any other reimbursement for additional areas treated will be considered but may be at the cost of the landowner depending on risk level and number of requests on hand related to funding available.*

5. Certification: "I certify that to be best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested."

Signature of Requester: _____

Typed or Printed Name: _____

Telephone Number: _____

Date Request Submitted: _____

Send this Request Form along with paid invoices to:

South Carolina Forestry Commission
Attn: Drake Carroll
136 Airport Ct
Mullins, SC 29574

Cell: 843-601-9121
Office: 843-423-3722