

Round ____ Quarter: ____

Individual Unit Submission Packet

Grantee:

Property Address:

PIN:

- *Maximum costs per individual PIN for all eligible uses cannot exceed \$40,000.*
- *Before submitting for reimbursement all properties must have been submitted via Jotform and received approval for Part 1 and Part 2 of the Pre-Approval process:*

o SCP Pre-Approval Part 1: Initial Property Approval Form Round 1 Round 1.5

o SCP Pre-Approval Part 2: Pre-Approval Checklist Round 1 Round 1.5

Round _____ Quarter: _____

Grantee: _____

Property: _____

Acquisition Costs

- *Include an invoice and proof of payment for every cost that you are seeking reimbursement for*
- *All invoices, proofs of payment, and additional documents must be organized and labeled according to their Excel form label*
- *Acquisition costs can be reimbursed up to \$5,000 per property with submission of backup documentation*

Round _____ Quarter: _____

Grantee: _____

Property: _____

Rehabilitation Costs

- *Include an invoice and proof of payment for every cost that you are seeking reimbursement for*
- *All invoices, proofs of payment, and additional documents must be organized and labeled according to their Excel form label*

Round _____ Quarter: _____

Grantee: _____

Property: _____

Demolition Costs

- *Include an invoice and proof of payment for every cost that you are seeking reimbursement for*
- *All invoices, proofs of payment, and additional documents must be organized and labeled according to their Excel form label*

Round _____ Quarter: _____

Grantee: _____

Property: _____

Tree, Shrub and Debris Removal Costs

- *Include an invoice and proof of payment for every cost that you are seeking reimbursement for*
- *All invoices, proofs of payment, and additional documents must be organized and labeled according to their Excel form label*
- *Grass cutting expenses should be included under the Grass Cutting category*

Round _____ Quarter: _____

Grantee: _____

Property: _____

Grass Cutting Costs

- *Include an invoice and proof of payment for every cost that you are seeking reimbursement for*
- *All invoices, proofs of payment, and additional documents must be organized and labeled according to their Excel form label*
- *Grass cutting expenses should not exceed 5% of your total grant amount*

Round _____ Quarter: _____

Grantee: _____

Property: _____

Lot Treatment and Greening Costs

- *Include an invoice and proof of payment for every cost that you are seeking reimbursement for*
- *All invoices, proofs of payment, and additional documents must be organized and labeled according to their Excel form label*