



Los Angeles County Regional Park and Open Space District

Anticipated Funding Needs



This form is required to be completed and returned to the District with the signed Project Agreements.

Grant No:

Applicant:

Major Project Name:

Grant Amount:

Anticipated Reimbursement Request Schedule

Instructions: Indicate in the space provided below, the amount of expenditures you expect to request for reimbursement in each quarter. Use additional sheets, if necessary, until all grant funds are accounted for.

Year _____	Year _____	Year _____			
Quarter	Amount	Quarter	Amount	Quarter	Amount
Jan 1 - Mar 31	\$ _____	Jan 1 - Mar 31	\$ _____	Jan 1 - Mar 31	\$ _____
Apr 1 - Jun 30	\$ _____	Apr 1 - Jun 30	\$ _____	Apr 1 - Jun 30	\$ _____
Jul 1 - Sep 30	\$ _____	Jul 1 - Sep 30	\$ _____	Jul 1 - Sep 30	\$ _____
Oct 1 - Dec 31	\$ _____	Oct 1 - Dec 31	\$ _____	Oct 1 - Dec 31	\$ _____
		Other _____	\$ _____		
		Total	\$ _____		

This information will be used for facilitating District budgeting and financial planning and will not affect your ability to * receive reimbursement for eligible expenditures at any time during the Project Performance Period. The information you provide may be revised. Please contact your Program Manager if this schedule needs to be revised after initial submission.