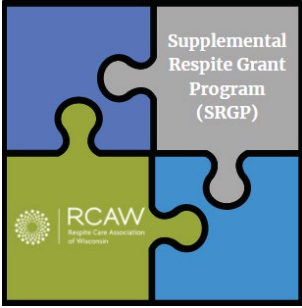




**Supplemental Respite Grant Program  
Grant Report**



Primary Caregiver Name: \_\_\_\_\_ Date: \_\_\_\_\_

**RCAW is not the employer of the services provider, and this form is not an employment timesheet.**

Date of Services Provided or Goods Purchased:	Type of Services or Goods:	Hourly Rate/Fee for Service:	Total Dollar Amount:

**Acknowledgment**

By signing below, I attest that the purchases that were made, or services that have been rendered, were an allowable expense of the SRGP funds. Furthermore, by signing below, I agree to hold harmless and indemnify RCAW and any of its' representatives for any damages or liabilities it incurs arising from this agreement.

\_\_\_\_\_ Date

Applicant Signature

\_\_\_\_\_ Date

Service Provider Signature

**Grant Report Expectations:**

- If the applicant **purchases goods** and receives a receipt, it is expected that the applicant keeps the receipt, as well as track expenses on this Grant Report form.
- If the applicant **receives services** in the home, and a receipt or invoice is not provided, the applicant must track the date of service, type of service(s), and the total amount paid for services with SRGP grant funds on this Grant Report form.
- Applicants must keep the SRGP Grant Report and receipts for **3 years**.
- If the applicant is chosen for a random audit, this Grant Report form and receipts (if applicable) are expected to be **submitted to RCAW within 72 hours** of the audit request.