

Supplemental Respite Grant Program Grant Report



Applicant's Name:

Email:

Phone Number:

The SRGP allows you to hire the person of your choice to help you with housekeeping, meal prep, laundry, lawn care, snow removal, transportation, sensory items, and technology. To view allowable expenses, [click here](#).

Grant Report Instructions:

- If the applicant **purchases goods**, the applicant is expected to **keep the receipt or invoice** and **track expenses** on this Grant Report form.
- If the applicant **purchases services** in their home and **does not receive a receipt or invoice**, the applicant must obtain a signature from the service(s) provider,
- Applicants must keep the SRGP Grant Report and receipts for **three 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 seven business days** of the audit request.

Date:	Type of Services or Materials:	Hourly Rate or Flat Fee:	Total Dollar Amount:

By signing below, I attest that the purchases made or services rendered were allowable expenses of the SRGP funds. Furthermore, 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

If you had more than one service provider, please have them date and sign the back of this form.