**Grant Fund Program**

**Use of Funds Request**

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| **Member Agency:** | | **Date:** | |
| **Authorized Member Representative:** | | **Title:** | |
| **Signature:** | | | |
| **Phone No:** | **Email address:** | | |
| **Payment Options (select one): Check Electronic Funds Transfer (EFT)** | | | |
| **All Checks Will Be Made Payable to the Member Agency. Deliver the check to:** | | | |
| **Use of Funds Description** | | | **Amount Requested** |
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| ** Supporting documentation attached.** **Total** | | |  |
| *Email request and support documents to PLAN JPA Risk Control Manager: Terrie Norris at [terrie.norris@sedgwick.com](mailto:terrie.norris@sedgwick.com) If you have questions you can also call 916-290-4655.* | | | $ |
| **Distribution Not-To-Exceed Member’s available fund balance.**  Approved\_\_\_\_\_\_ Denied\_\_\_\_\_\_\_\_\_ Copy PLAN JPA Accounting\_\_\_\_\_\_\_\_\_\_\_  *Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  *PLAN JPA Risk Control Manager* | | | |