**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 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* |