CITY OF REDONDO BEACH
RIVIERA VILLAGE ASSOCIATION
COVID-19 REIMBURSEMENT APPLICATION

Section 1: Applicant Information

Applicant : _____

Agent: _____

Address: _____

Daytime Phone Number: _____   Email: _____

Section 2: Reimbursement Request

Item/Service Purchased: _____

Vendor:_____

Date: _____

Grant Amount Requested (not to exceed $50,000.00): $_____

Section 3: Scope of Work

Description of Purchased Item/Service and Justification for Purchase (attach additional pages if needed):

_____

_____

_____

_____

_____

Section 4: Checklist

Required Attachments:

   Copy of Receipt(s)   Proof of Purchaser (cancelled check, credit card
                                                     statement, etc.)

   Copy of Permit

Section 5 : Certifications

I certify that the purchase(s) for which I am requesting reimbursement are necessary in response to the COVID-19 public health emergency.

I certify that I have/will not be otherwise reimbursed for this purchase, including by any federal/ state program.

Signature:_____   Date:_____

Title: _____

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