

Specialty Crop Block Grant Quarterly Reimbursement Request

ODA Project Invoice # _____ Date Submitted: _____

Project Award Year-ODA Project #: _____

ODA Project # is the award year YYYY-assigned number (example: 2025-04)

Project Title: _____

Organization: _____

Address: _____

City: _____ County: _____ State: _____

Zip: _____

Federal Tax ID#: _____

Phone #: _____ Email: _____

Description of Expenditure	Grant Reimbursement Amount Requested	Match Amount	Total Cost
Personnel	_____	_____	_____
Fringe	_____	_____	_____
Travel	_____	_____	_____
Materials & Supplies	_____	_____	_____
Contractual	_____	_____	_____
Other	_____	_____	_____
Total Reimbursement Request	_____	_____	_____
Program Income	_____	_____	_____
Total Cost			_____

The attached documentation is true and accurate to the best of my knowledge.

Initials: _____ Date: _____

Return reimbursement form with:

___ Copies of paid invoices ___ Proof of payment ___ Copies of any printed documents

(i.e., flyers, publications, etc.)

Invoice and supporting documentation must be submitted in one file.

All proof of payments and receipts must be labeled with the line-item category it corresponds to on the invoice.

*Return reimbursement form with all attachments to:
Ohio Department of Agriculture SCBG Team at: SCBG@agri.ohio.gov*