



www.goldenleaf.org  
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## Hurricane Helene Relief Submission Certification Form

**Grant ID:** 202410-0001

**Grantee Name:** Example Grantee

**Certification - Required for all submissions**

Golden LEAF budget	Golden LEAF Expenditures
<b>\$0.00</b>	<b>\$0.00</b>

I certify that I have actual knowledge regarding the information contained in the Project Financial Report and of the transactions outlined in the accompanying Golden LEAF expense tracking sheet, and that

- 1) The information is true, accurate, and complete;
- 2) All expenditures incurred are for the purposes set forth in the Grantee Acknowledgement and Agreement governing the grant and are consistent with the grant budget;
- 3) I have the authority to execute this certification on behalf of the Grantee.

I certify that in completing this report/request that all the information contained herein and within any supporting or supplemental information provided by me on behalf of the Grantee organization is true, accurate, and complete as of the date signed.

**Two separate signatures are required on this form. Please print, sign, and scan this form. Electronic signatures are not allowed. Two forms may be completed with two separate signatures if needed.**

Signature _____
Name _____
Title _____
Date signed _____

Signature _____
Name _____
Title _____
Date signed _____

Questions about this submission should be directed to:	
Name _____	
Title _____	
Telephone _____	E-mail _____

## Project Budget

This tab is protected and only edited by Golden LEAF. Please refer to this tab regularly regarding eligible uses of Golden LEAF grant funds.

Budget category	Expenses to date	Definition	Authorized Use*	Golden LEAF Approval Notes
Home Repair	\$0.00	Purchase of materials to be used by volunteers or homeowners and/or hiring of contractors to complete minor to moderate home repair. Home repair also includes muck-and-gut as well as debris removal.		
Tools, Equipment	\$0.00	Purchase or rental of tools and equipment for volunteer organizations to use to provide home and property repair.**		**Individual equipment purchases of \$5,000 or more will require specific approval from Golden LEAF.
Housing Assistance	\$0.00	Rent and security deposit to enable a survivor to secure replacement housing, mortgage assistance, and temporary hotel stays.		
Utility Assistance	\$0.00	Payment of past-due utilities or deposits necessary for move-in fees.		
Replacement Personal Property	\$0.00	Clothing, furniture, appliances, car repair, and equipment necessary to enable a survivor to return to work. May also include food assistance (pantry restock).		
Case Management	\$0.00	Wages, mileage, computers, tablets, phones, hotspots for new case management capacity to assist organizations with applications intake, review and duplication of benefit checks. Wages must be aligned with industry standards.		
Volunter Support	\$0.00	Rental or purchase of portable bathrooms and shower units, purchase of food, transportation, other needs to support volunteers. May also include limited staffing costs for employees or contractors providing logistics and other services to maximize the ability of volunteers to serve survivors. Wages must be aligned with industry standards.		
Other	\$0.00	Uses approved by Golden LEAF will be entered here. Wages must be aligned with industry standards.		
<b>Total Expenses</b>	<b>\$0.00</b>	<b>*If authorized use is not marked, please check with Golden LEAF before expending funds in that category.</b>		
<b>Total Grant Award</b>				
<b>Balance</b>	<b>\$0.00</b>			

Grant ID 202410-0001

Name of Grantee: Example Grantee

Date budget approved by GLF: \_\_\_\_\_

Grant ID 202410-0001  
Grantee Name Example Grantee

Invoice date	Invoice number	Invoice amount	Vendor name	GOLDEN LEAF BUDGET (Record only those EXPENSES within approved line items toward which Golden LEAF grant dollars will be applied.)					Grantee payments to vendors			Comments from Grantee	Golden LEAF Review Notes
				Home Repair	Volunter Support	Other	Total Expended	Award Balance	Check # / Payment method	Payment date	Total payment amount		
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
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					GOLDEN LEAF BUDGET (Record only those EXPENSES within approved line items toward which Golden LEAF grant dollars will be applied.)				Grantee payments to vendors					
					Home Repair	Volunteer Support	Other	Total Expended	Award Balance					
Invoice date	Invoice number	Invoice amount	Vendor name		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Check # / Payment method	Payment date	Total payment amount	Comments from Grantee	Golden LEAF Review Notes
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**Golden LEAF Foundation**  
**Hurricane Helene Relief**  
Request for Disbursement

**Date:** \_\_\_\_\_  
**Grant ID:** 202410-0001  
**Grantee name:** Example Grantee

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**To:** President, Golden LEAF

Example Grantee \_\_\_\_\_ requests a disbursement in the amount of \$ \_\_\_\_\_.

In making this request, I certify that Example Grantee \_\_\_\_\_:

- \* Needs the sum requested at this time to carry out the project identified above;
- \* Has performed in accordance with the terms and provisions of the Grantee Acknowledgment and Agreement; and, therefore,
- \* Is eligible under the terms of the Agreement to receive the amount requested.

**Select which of the following apply to the request**

- \_\_\_\_\_ Request is an **advance** of funds for eligible costs.
- \_\_\_\_\_ Request is a **reimbursement** of funds for eligible costs that have been paid.
- \_\_\_\_\_ Request is a **combination** advance and reimbursement.

I certify that the information contained in financial information submitted in support of this Disbursement Request, is true, accurate and complete as of the date of its submission.

I further certify that I have the authority to make this request.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

If banking information or payee contact has changed, please complete a new [Grantee ACH Deposit Authorization Form](#) and mail or fax as instructed on the Form.

If there has been no change in bank or payee contact information, enter "X" here:

Grant ID: 202410-0001    Grantee name: Example Grantee

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**Purpose of the grant**

**List other grant funds committed for this work. Update as needed for new awards.**

**Briefly describe activities, accomplishments or impacts, to date, associated with the project. Do not include outcomes addressed on Tab 6-Outcomes. Remove previously reported information.**

**What lessons have been learned or best practices identified during the course of this project to date? What is your organization doing differently as a result of these lessons?**

**Grant ID:** 202410-0001    **Grantee name:** Example Grantee

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**Provide information about any significant Board and/or staff changes in your organization.**

202410-0001

Example Grantee

PROJECTED OUTCOMES		
PROJECT-SPECIFIC OUTCOMES	Date Updated	Enter here

	County	Actual to Date (cumulative)
STANDARD OUTCOMES		
Number of homes repaired		
Number of households assisted		
Number of individuals assisted (total number of people within each household)		
Number of homes repaired		
Number of households assisted		
Number of individuals assisted (total number of people within each household)		



	County	Actual to Date (cumulative)
<b>STANDARD OUTCOMES</b>		
Number of homes repaired		
Number of households assisted		
Number of individuals assisted (total number of people within each household)		
Number of homes repaired		
Number of households assisted		
Number of individuals assisted (total number of people within each household)		
Number of homes repaired		
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