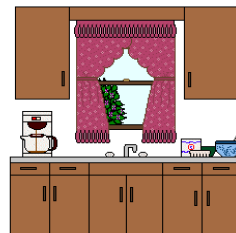




**2016-2017 CENA  
Request for Funds**



# Capital Improvement Funds

Senior Citizens Center: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reimbursement for the month of \_\_\_\_\_

Vendor	Item	Price
		Total

**Cash Reconciliation:**

Grant Amount \_\_\_\_\_  
 MINUS the Total of this Request: \_\_\_\_\_  
 MINUS the Total of All Previous Requests: \_\_\_\_\_  
 Remaining Balance: \_\_\_\_\_

I certify that this request complies with the terms of our CENA Agreement.

\_\_\_\_\_  
 Signature of Authorized Official

\_\_\_\_\_  
 Date

**For OEDA Use Only**

I approve this request for funds in the amount of \$ \_\_\_\_\_

OEDA: By: \_\_\_\_\_ Date: \_\_\_\_\_