

**PA GRAZING LANDS COALITION**  
**Grazing Education Grant Program Report**

Date: \_\_\_\_\_ Name of Sponsor (*as it should appear on the check*): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Name of Primary Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grant Number (*as assigned*): \_\_\_\_\_; Reimbursement request amount (*per attached form*): \$ \_\_\_\_\_

Event Name: \_\_\_\_\_ Location (Site/County): \_\_\_\_\_ Event Date/s: \_\_\_\_\_

Describe the impact of the completed project (Topics, speakers, content, etc.):

Attendance number and demographics (e.g. farmers, agencies, educators, etc):

Please include a copy of an evaluation form, if distributed, as well as a summary of responses received:

Describe promotion and news coverage provided for the project:

How was the PA Grazing Lands Coalition (PA GLC) recognized in this project (attach supporting documents)?

Other information helpful to describe your project's completion (please attach any supporting documentation, including press articles and pictures):

**Reimbursement Request Form**

**Directions:** Please send the Report (above) and Reimbursement Request Form to \*PA GLC no later than 30 days following the project's end. Please list items requested for payment at the top of the form and any other project expenses (matching) on the bottom of the form. Thank you!

**\*EXPENSES: (Please attach copies of invoices, receipts, or other documentation)**

A. Salaries/Benefits:

Title/s	Hours	x	Rate	Total
_____	_____		_____	\$ _____
			Subtotal	\$ _____

B. Travel

Car: # of Miles \_\_\_\_\_ x \_\_\_\_\_ (current federal rate) = \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

C. Equipment and Supplies (please list)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

D. Other Expenses

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

**TOTAL EXPENSES REQUESTED** \$ \_\_\_\_\_

**\*PROJECT MATCH - Project related activities not billed to this project (please list separately and give value):**

A. Staff Salaries/Benefits: \_\_\_\_\_ \$ \_\_\_\_\_

B. Travel

Car: # of Miles \_\_\_\_\_ x \_\_\_\_\_ (current federal rate) = \$ \_\_\_\_\_

C. Equipment and Supplies (please list)

\_\_\_\_\_ \$ \_\_\_\_\_

D. Other Expenses

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL VALUE (MATCH)** \$ \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please send report with Reimbursement Form via email within 30 days after the event date to:**  
PA GLC, ATTN. Justin Geisinger, Treasurer at [paglctreasurer@gmail.com](mailto:paglctreasurer@gmail.com); cc to Susan Parry, PA GLC Coordinator at [susan.parry@pa.usda.gov](mailto:susan.parry@pa.usda.gov)