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County Administrator

Neighborhood Stormwater Infrastructure Grant

Project Reimbursement Form

Project Title: _____

Payment Address: _____

Estimated Project Budget: _____

Materials/ Billed Labor	Total Project Cost	Requested Funding
Total	$	$
Date		

To be filled out upon project completion and submitted with receipts and photo documentation of the project or inspection forms, whichever is applicable, to: **Environmental Division, P.O. Box 339 Stafford, VA 22555**. *Please note that Stafford County will maintain the information contained in this application solely for the Stafford County Stormwater Grant Program and not for sale or marketing purposes. Submission is not a guarantee of acceptance. Stafford County reserves the right to photograph the site and any volunteer event participants for publicity purposes. Please be aware that photos are for County use only and may be used in future brochures, pamphlets, flyers or on County social media.*

Owner Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____