FORM A: EXPENDITURE REPORT/REQUEST FOR PAYMENT
HILLSBOROUGH COUNTY ECONOMIC DEVELOPMENT DEPARTMENT
REBUILD COMMUNITY-BASED BUSINESSES GRANT PROGRAM

AWARDEE: __________________________

AMOUNT REQUESTED: __________________________

TO BE COMPLETED BY COUNTY STAFF:

ACCT CODE: __________________________

APPROVED: __________________________

NOTE: EXHIBIT D MUST BE ATTACHED TO EACH EXPENDITURE REPORT/ REQUEST FOR PAYMENT

Dates of Reporting Period: __________________________

1. REPORTING SUMMARY
A. County Grant Funds claimed:
   Total amount paid by Awardee for which reimbursement is sought $__________
   (Proof of payment must be attached)

2. DOCUMENTS TO SUPPORT REPORTING SUMMARY
Attach Forms B & C to Form A, along with all required documentation of expenditures, and indicate whether such items are attached:

1. Form B: List of Expenditures attached: □
2. Proof of Payment and Invoices attached or all expenditures: □
3. Form C: Report Narrative attached: □
3. Photographic documentation of impact attached: □

3. REPORT CERTIFICATION:
I affirm, under penalty of perjury, that this report represents an accurate and complete description of the grant activity within the report dates above, and that the conditions of the Grant Award, as set forth in the Hillsborough County Rebuild Community-based Businesses Grant Award Agreement, have been complied with.

__________________________________________  __________________________________________
Signature of Authorized Representative  Signature of person completing this form (if not Authorized Representative)

__________________________________________  __________________________________________
Date  Date

__________________________________________  __________________________________________
Printed Name and Title  Printed Name and Title
FORM B: LIST OF EXPENDITURES
HILLSBOROUGH COUNTY REBUILD COMMUNITY-BASED BUSINESSES GRANT PROGRAM

List all expenditures for which reimbursement is sought and attach invoices and proof of payment for each item.

1. PURPOSE OF EXPENDITURE: Documentation Submitted:

<table>
<thead>
<tr>
<th>Invoice #</th>
<th>Invoice Date</th>
<th>Invoice Amount</th>
<th>$</th>
<th>Grant Amount Claimed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment #</td>
<td>Payment Date</td>
<td>Payment Amount</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
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</table>

The purpose of each expenditure must be stated clearly and in enough detail for the County to determine that the expenditure is appropriate. Attach copies of invoices and corresponding cancelled checks (or equivalent documentation as approved by the County) for all grant funded expenditures listed above. Please organize and label these attachments appropriately.

Please attach additional pages as necessary. Initial Here: ____________

TOTAL AMOUNT CLAIMED FOR GRANT FUNDS: __________________
FORM C:
HILLSBOROUGH COUNTY
REBUILD COMMUNITY-BASED BUSINESSES GRANT PROGRAM
REPORT NARRATIVE

AWARDEE: ________________________________
REPORT PERIOD: ________________________ THROUGH _________________

I. IMPACT: Please provide a brief narrative that describes how funds provided by the Rebuild Community-based Businesses Grant Program positively impacted your business (i.e. repairs, improvements, restocking of inventory, reopening, retaining employees), and whether funding provided by the County was able to be leveraged for additional support:

II. SUPPORTING ATTACHMENTS: Please provide photographic documentation of repairs and improvements made to facilities.