



**City of Berkeley
RETROFIT GRANTS
Reimbursement Request**

*Use this form for either Design or Construction Reimbursement.
Design and Construction Reimbursement Requests
must be submitted separately.*



For City Use Only
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Amount:
Name:
Date:
RR#:

GRANT TYPE (CHOOSE ONE) <input type="checkbox"/> Design <input type="checkbox"/> Construction	ADDRESS OF RETROFIT BUILDING Street:	APN #
NAME OF BUILDING OWNER		
Owner 1:	Owner 2:	
PREFERRED MAILING ADDRESS Street:	City:	State: Zip:
MAKE CHECK PAYABLE TO:		PERMIT NUMBER

Attach copies of invoices along with the corresponding cancelled checks proving payment to contractors or design professionals for all retrofit design or construction costs. A record of total expenses is necessary to maximize the grant reimbursement amount. If you have not already done so, please also attach the bid and contract documentation specified in the Reimbursement Guidelines.

INVOICE#	DESCRIPTION	CHECK#	TOTAL AMOUNT PAID \$

TOTAL AMOUNT PAID FOR RETROFIT DESIGN OR CONSTRUCTION: \$

I have read and understood the **Retrofit Grants Reimbursement Guidelines**

By signing below, I declare under penalty of perjury under the laws of the state of California that the information provided in this request and attached documents is true and correct to the best of my knowledge. I have reviewed and am fully responsible for the accuracy of all documentation submitted.

OWNER 1: _____
Name Signature Date

OWNER 2: _____
Name Signature Date

Return by mail to:

Building & Safety Division Attn: Jonathan Cherry, 1947 Center St., 3rd Floor, Berkeley, CA 94704