

HPNAP Operations Support Grants Program
Documentation for **2nd half** of fiscal year

FY 2017-2018
May 1, 2018-September 30, 2018

Utilities

Agency Name:

Agency Number:

Total Award Amount:

Award Amount for this Half:

Please check the following boxes upon completion and return with documentation by October 12, 2018

I have enclosed

Copy of **one** utility bill.

And one of the following:

Copies of cancelled checks verifying payment to sponsor agency or energy provider

OR

Copy of a bank statement that reflects payment.