

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

FY 2018-2019  
May 1, 2019-October 31, 2019

**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 November 11, 2019**

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.