

Cape Cod Commission Bicycle Rack Program: Reimbursement Eligibility Form

All reimbursement requests must be submitted to the Cape Cod Commission by **June 30, 2018**.

To receive reimbursement, please complete this form and submit, along with the additional required information listed as follows:

1. Take a digital photograph of each rack location **before** and **after** installation.
2. Sign a **Reimbursement Eligibility Form (#3)** attesting that racks and locations are eligible.
3. Complete the **Bike Rack Reimbursement Form (#4)** and the **Bike Rack Installation Location Form (#5)** and include copies of all vendor invoices, highlighting those items for which you seek reimbursement.
4. Submit the **Reimbursement Eligibility Form (#3)**, **Bike Rack Reimbursement Form (#4)**, **Bike Rack Installation Location Form (#5)**, before and after photographs and proof of payment by mail or by email to the Cape Cod Commission. Please submit documents & photographs to Maria McCauley, Fiscal Officer at mmccauley@capecodcommission.org or mail to Cape Cod Commission, 3225 Main Street, Barnstable, MA 02630.
5. The Cape Cod Commission will process reimbursement requests for all approved items within 60 days.

Name of the Entity: _____

Name of the Contact Person: _____

Title: _____

E-mail Address: _____

Address: _____

Phone: _____

I hereby certify that the items for which we seek reimbursement:

- Were acquired through the Cape Cod Commission Bicycle Rack Program from one of the approved vendors;
- Are items eligible for reimbursement under the guidelines of the program;
- Were installed on publicly controlled land in a location with permanent public access;
- Were installed in an appropriate location, as described in the program guidelines and according to the manufacturer’s installation instructions.

Signed: _____

Date: _____