

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

FY 2020-2021
January 1, 2021-June 30, 2021

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 August 1, 2021.

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.