



STEP GAF FY 2023-2024 GRANT INVOICE

From: Name _____
 Title _____
 Company _____
 Email _____
 Phone _____
 Street Address _____
 City/State/Zip _____

To: Laura Jaworski, Department of Economic Development (DECD)
 450 Columbus Boulevard, Hartford, CT 06103
 860-500-2368

For: _____
 GAF FY '2023-2024 Activity Name/Description _____ Activity Date _____

- ❖ As an eligible small business concern I am requesting reimbursement for a portion of my approved STEP FY '2023-2024 activity costs.
- ❖ All registration/participation costs for this GAF FY '2023-2024 activity have been paid in full and all receipts documenting payment of these costs have been uploaded to www.stepgrant.smapply.io with my company's GAF FY '2023-2024 Reimbursement Request.
- ❖ I understand that the maximum total STEP reimbursement to companies for GAF FY '24 **will be 75% of your project up to \$6,500 max per activity or a max of \$10,000 total for awards** through the grant program year ending September 29, 2024. DECD will factor in all other GAF FY '2023-2024 payments when processing GAF FY '2023-2024 activity reimbursements.
- ❖ I understand that the maximum reimbursement calculations listed below are in accordance with the STEP FY '2023-2024 Program Guidelines.

Total cost of activity documented by the upload invoices: \$ _____

Maximum Reimbursement Calculation: (check one)

- 75% reimbursement of all eligible activity costs up to \$6,500
- 75% reimbursement of all eligible activity costs up to \$6,500 (minus previous GAF FY '2023-2024 payment – Max \$10,000)

Reimbursement amount requested based on the calculation selected above: \$ _____

Federal ID (FEIN) or SS#: _____ (must match Agency Vendor and W-9 forms)

 Signature (handwritten)

 Date