

Medina County Board of Developmental Disabilities

NMT Fuel Cost Support

(Providers may apply for approved funds based on a first-come, first-served basis while funds are available at the discretion of the MCBDD)

Provider Name:

Date of Request:

Contact Person:

Contact Phone:

Contact Email:

Address for reimbursement checks:

Gas Support Request: Month		Unduplicated number of individuals served that received NMT services	Total Cost of Fuel Expenses (excluding taxes)	25% of fuel cost (excluding taxes)	Monthly Receipts of Fuel Cost Attached
				\$ -	
				\$ -	
Reimbursement Request Total:				\$ -	

By signing below, I hereby attest that the information stated above is true and accurate to the best of my knowledge. Fuel reimbursements will only be provided for NMT transportation vehicles.

Applicant Signature

Date

**Send completed form along with corresponding documentation to Pam Hunt: pamh@mcbdd.org by the 25th of the following month

Any questions, please contact Pam Hunt 330-725-7751 ext. 261.

No reimbursement requests will be accepted after 1/31/2023.