Oregon Department of Fish and Wildlife

Salmon and Trout Enhancement Program

Mini-Grant Program Grantees Request for Funds Release

Project Number: _____

Organization: _____ **Federal Tax ID:** _____

Project Contact: _____ **Phone:** _____

Address: _____

_____

Note: Invoices or receipts must be attached to be eligible for reimbursement. Only items in the Mini-Grant Application that were approved for funding by the Salmon and Trout Enhancement Program will be eligible for reimbursement.

Budget Item(s)	Amount
TOTAL	0

I declare that this is true, correct and complete to the best of my knowledge.

_____

Signature Date

Submit to ODFW STEP Program
4034 Fairview Industrial Drive SE
Salem, Oregon 97302