

COMMUNITY GRANT PROGRAM



INSTALLATION VERIFICATION FORM – *to be submitted upon receipt of all items*

Name of Apartment Community: _____

Name of Community Programs Representative: _____

Please answer the following questions by checking Yes/No where applicable:

Have you paid any remaining costs associated with CGP items that were not previously requested to be covered by CAHEC? Yes No

Have you confirmed payment with all third party agencies? Yes No

Have you updated your project’s insurance policy to include CGP items? Yes No

Is everything in working condition? *Please list all items and use another page if necessary.*

Item Description	Quantity	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE SEND COMPLETED FORM TO:
 CAHEC
 7700 Falls of Neuse Road
 Suite 200
 Raleigh, NC 27615
 FAX: 919.420.0019