

PAYMENT REQUEST

Complete the following with the information from the Project Agreement:

PROJECT AGREEMENT NUMBER: G14-XX-XX-XXX CONTRACT NUMBER: _____ PCA: _____ STATUTES: _____

GRANTEE: _____

PROJECT TITLE: _____ VENDOR NUMBER: _____

PROJECT PERFORMANCE PERIOD: FROM: _____ TO: _____

1. PAYMENT REQUEST NUMBER: 0 **FINAL** (Check box if FINAL) Final payment requests must be submitted within **120 days** after the completion of the project or end of the project performance period, whichever comes first.

2. INVOICE NUMBER / BILL FOR COLLECTION NUMBER (For Grantee use): _____

3. PAYMENT REQUEST PERIOD: FROM: _____ TO: _____

4. PAYMENT REQUEST TYPE (Check one):

ADVANCE All advance requests except Law Enforcement projects **must** include a written justification explaining the need for the advance and a list of planned expenditures. Subsequent advance requests **must** include supporting documentation for the prior advance. **Note: Advance requests may not exceed half the total grant amount.**

REIMBURSEMENT All supporting documents for reimbursement costs claimed **must** be attached.

5. PROJECT EXPENDITURE AND MATCH DOCUMENTATION SUBMITTED FOR THIS REQUEST:

a. Amount to be **REIMBURSED / ADVANCED**:

CATEGORY	AMOUNT
Staff	\$ -
Contracts	\$ -
Materials / Supplies	\$ -
Equipment Use Expenses	\$ -
Equipment Purchases	\$ -
Other	\$ -
Indirect Costs	\$ -
TOTAL REIMBURSEMENT / ADVANCE	\$ -

b. Amount applied to **MATCH** requirement:

CATEGORY	AMOUNT
Staff	\$ -
Contracts	\$ -
Materials / Supplies	\$ -
Equipment Use Expenses	\$ -
Equipment Purchases	\$ -
Other	\$ -
Indirect Costs	\$ -
TOTAL MATCH	\$ -

6. PAYMENT INFORMATION:

a.	TOTAL GRANT AMOUNT	\$	_____
b.	REIMBURSEMENT / ADVANCE REQUESTED TO DATE ...	\$	-
c.	CURRENT AMOUNT AVAILABLE (6a minus 6b)	\$	-
d.	REIMBURSEMENT / ADVANCE AMOUNT (From step 5a) ..	\$	_____ -
e.	REMAINING GRANT FUNDS AVAILABLE (6c minus 6d) ...	\$	-
f.	TOTAL AMOUNT APPLIED TO MATCH TO DATE	\$	-

7. SEND WARRANT TO: AGENCY NAME
STREET ADDRESS / P.O. BOX
CITY STATE: _____ ZIP CODE: _____
ATTENTION

8. CERTIFICATION: I represent and warrant that I have full authority to execute this payment request on behalf of the Grantee. I declare under penalty of perjury that the information provided on this form and any accompany documents are true and correct to the best of my knowledge and that all funds received have or will be expended in accordance with the conditions set forth by the State.

GRANTEE: _____ DATE: _____
SIGNATURE (Authorized Representative)

9. STATE APPROVAL: _____ DATE: _____

10. SUBMIT REQUEST TO: CALIFORNIA DEPARTMENT OF PARKS AND RECREATION
OFF-HIGHWAY MOTOR VEHICLE RECREATION DIVISION
ATTENTION: <Name of your Grant Administrator>
1725 23rd STREET, SUITE 200
SACRAMENTO, CA 95816-7100

PROJECT EXPENDITURE AND MATCH DOCUMENTATION SUBMITTED FOR THIS PAYMENT REQUEST:

Grant #: G14-XX-XX-XXX PR

Amount to be REIMBURSED or ADVANCED:		
CATEGORY		AMOUNT
Staff	\$	-
Contracts	\$	-
Materials / Supplies	\$	-
Equipment Use Expense	\$	-
Equipment Purchase	\$	-
Other	\$	-
Indirect Costs	\$	-
TOTAL REIMBURSEMENT or ADVANCE	\$	-

Amount to be applied to MATCH requirements:		
CATEGORY		AMOUNT
Staff	\$	-
Contracts	\$	-
Materials / Supplies	\$	-
Equipment Use Expense	\$	-
Equipment Purchase	\$	-
Other	\$	-
Indirect Costs	\$	-
TOTAL MATCH	\$	-

NOTES:

PROJECT EXPENDITURE AND MATCH DOCUMENTATION SUBMITTED FOR CLOSEOUT: (advances)

Grant #: Gxx-xx-xx-xxx

Total Actual Costs:	
CATEGORY	AMOUNT
Staff	\$ -
Contracts	\$ -
Materials / Supplies	\$ -
Equipment Use Expense	\$ -
Equipment Purchase	\$ -
Other	\$ -
Indirect Costs	\$ -
TOTAL Actual Costs	\$ -

Total Amount submitted for MATCH:	
CATEGORY	AMOUNT
Staff	\$ -
Contracts	\$ -
Materials / Supplies	\$ -
Equipment Use Expense	\$ -
Equipment Purchase	\$ -
Other	\$ -
Indirect Costs	\$ -
TOTAL MATCH	\$ -

Total Project Costs:	
CATEGORY	AMOUNT
Staff	\$ -
Contracts	\$ -
Materials / Supplies	\$ -
Equipment Use Expense	\$ -
Equipment Purchase	\$ -
Other	\$ -
Indirect Costs	\$ -
TOTAL COSTS	\$ -

NOTES:

Minimum Match Required: 26%

Final Grant/Match Percentage:

Grant	\$	-	#DIV/0!
Match	\$	-	#DIV/0!
Total Project Cost	\$	-	#DIV/0!
<i>Minimum Match Required</i>	\$	-	#DIV/0!

(based upon Total Reimbursement)

Total Indirect Costs #DIV/0!
(total IC / total grant no IC only)
(Maximum allowable = 15%)

Max Indirect Cost amt: \$ -

Total Amount Advanced	#DIV/0!
Actual Costs	\$ -
Difference	#DIV/0!

OHV GRANT PROJECT EXPENDITURE AND MATCH DOCUMENTATION SUBMITTED FOR CLOSEOUT REIBURSEMENTS:

Grant #: G1x-xx-xx-x01

Total Amount Reimbursed:	
CATEGORY	AMOUNT
Staff	\$ -
Contracts	\$ -
Materials / Supplies	\$ -
Equipment Use Expense	\$ -
Equipment Purchase	\$ -
Other	\$ -
Indirect Costs	\$ -
TOTAL Reimbursement	\$ -

Total Amount submitted for MATCH:	
CATEGORY	AMOUNT
Staff	\$ -
Contracts	\$ -
Materials / Supplies	\$ -
Equipment Use Expense	\$ -
Equipment Purchase	\$ -
Other	\$ -
Indirect Costs	\$ -
TOTAL MATCH	\$ -

Total Project Costs:	
CATEGORY	AMOUNT
Staff	\$ -
Contracts	\$ -
Materials / Supplies	\$ -
Equipment Use Expense	\$ -
Equipment Purchase	\$ -
Other	\$ -
Indirect Costs	\$ -
TOTAL COSTS	\$ -

NOTES:

Minimum Match Required: 26%

			Final Grant/Match Percentage:		
Grant	\$	-	#DIV/0!	Total Indirect Costs	#DIV/0!
Match	\$	-	#DIV/0!	<i>(total IC / total grant no IC only)</i>	
Total Project Cost	\$	-	#DIV/0!	<i>(Maximum allowable = 15%)</i>	
<i>Minimum Match Required</i>	\$	-	#DIV/0!	Max Indirect Cost amt:	\$ -
<i>(based upon Total Reimbursement)</i>					

PAYMENT REQUEST SUMMARY - Law Enforcement Projects
(PLEASE SUBMIT WITH EACH PAYMENT REQUEST)

1. Grantee: _____ Payment Request #: _____
2. Project Number: _____
3. Payment Request Period: _____ to _____

4. Jurisdiction and areas of patrol (including number of acres/miles):

Jurisdiction/Areas:	Acres/ Miles	Hrs. Patrolled	Citations/ Warnings Issued:

5. Provide brief summary of accomplishments and how funds were spent during this payment period:

6. If indirect costs are included, please describe how costs were applied:

7. Equipment Purchased (unit acquisition cost of at least \$1,000.00):	YES	NO
a. If yes, please list below:	_____	_____
b. Are photos of equipment included (closeout requirement)?	_____	_____
c. Are "OHV Funds at Work" stickers displayed on equipment (required)?	_____	_____
d. Are vin/serial numbers included (closeout requirement)?	_____	_____

8. **Final payment request only** - If funds were not completely expended, please explain; include amount: