

PAYMENT REQUEST State Grant Programs

See instructions on reverse.

1. PROJECT NUMBER	2. CONTRACT NUMBER _____
3. APPLICANT	
4. PROJECT TITLE	
5. TYPE OF PAYMENT <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final	

6. PAYMENT INFORMATION <i>(Round all figures to the nearest dollar)</i>	
a. Grant Project Amount	\$ _____
b. Funds Received To Date	\$ _____
c. Available <i>(a. minus b.)</i>	\$ _____
d. Amount Of This Request	\$
e. Remaining Funds After This Payment <i>(c. minus d.)</i>	\$ _____

7. SEND WARRANT TO:	
AGENCY NAME	
STREET ADDRESS	
CITY/STATE/ZIP CODE	

8. 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, under the laws of the State of California, that this report, and any accompanying documents, for the above-mentioned Grant is true and correct to the best of my knowledge		
SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION	TITLE	DATE
▶		

FOR CALIFORNIA DEPARTMENT OF PARKS AND RECREATION USE ONLY	
PAYMENT APPROVAL SIGNATURE	DATE
▶	

PAYMENT INSTRUCTIONS

One Payment Request Form must be submitted for each grant project.

The following instructions are keyed to corresponding items on the Payment Request Form:

1. PROJECT NUMBER — The number assigned by the State to this project.
2. CONTRACT NUMBER — As shown in the Certification of Funding section of the project agreement.
3. APPLICANT — Agency name as shown on the project agreement.
4. PROJECT TITLE — Title of project for which payment is requested.
5. TYPE OF PAYMENT — Check appropriate box.
6. PAYMENT INFORMATION
 - (a) Grant Project Amount — The amount of state grant funds assigned to this project.
 - (b) Funds Received to Date — Total amount already received for this project.
 - (c) Available — (a. minus b.)
 - (d) Amount of This Payment Request — Amount that is being requested.
 - (e) Remaining Funds After This Payment — (c. minus d.)
7. SEND WARRANT TO — Agency name, address and contact person.
8. SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION — Must be an original signature by the person authorized in the application resolution.