

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
STAN MAYFIELD WORKING WATERFRONTS CAPITAL OUTLAY GRANT PROGRAM
DEP AGREEMENT #: SMW_____**

EXHIBIT A

PAYMENT REQUEST SUMMARY FORM

Grantee: _____
Mailing Address: _____
DEP Agreement No.: _____ Date of Request: _____
Payment Request No.: _____ Performance Period: _____

Task/Deliverable Amount Requested: _____

CATEGORY OF EXPENDITURE	AMOUNT OF THIS REQUEST
Permits	_____
Construction	_____
Equipment	_____
Equipment Installation	_____
 Total Project Cost	 \$ _____

I attest that documentation has been and will be maintained as required by this Agreement to support the amounts reported above and is available for audit upon request. I attest that all expenditures prior to this request have been made and are true and accurate and are only for the purposes as described in Stan Mayfield Working Waterfronts Capital Outlay Grant Program Project No. egia-_____ . I further attest that _____ (Grantee) complied with the terms and conditions of this agreement.

_____	_____
Signature of Grantee	Date