Exhibit C
Payment Request Summary Form

DEP Agreement No.:	
Agreement Effective Dates:	
Grantee:	
Grantee's Grant Manager:	
Mailing Address:	
Payment Request No.:	
Date of Payment Request:	
Amount of this Request (75%):	
Invoice Period:	-

Past Payments:

Task No.	Task Performed	Category	Agreement Grant Amount (75%)	Past Payment Requested (75%)	Remaining Balance
	-Select-	-Select-			$ 0.00
	-Select-	-Select-			$ 0.00
	-Select-	-Select-			$ 0.00
	-Select-	-Select-			$ 0.00
	-Select-	-Select-			$ 0.00
	-Select-	-Select-			$ 0.00
	-Select-	-Select-			$ 0.00
	-Select-	-Select-			$ 0.00
Total Amount:			$ 0.00	$ 0.00	$ 0.00

New Requests:

Task No.	Task Performed	Category	Total Request (100%)	Grant Amount (75%)	Grantee Match (25%)
	-Select-	-Select-		$ 0.00	$ 0.00
	-Select-	-Select-		$ 0.00	$ 0.00
	-Select-	-Select-		$ 0.00	$ 0.00
	-Select-	-Select-		$ 0.00	$ 0.00
	-Select-	-Select-		$ 0.00	$ 0.00
	-Select-	-Select-		$ 0.00	$ 0.00
	-Select-	-Select-		$ 0.00	$ 0.00
	-Select-	-Select-		$ 0.00	$ 0.00
Total Amount:			$ 0.00	$ 0.00	$ 0.00

GRANTEE CERTIFICATION

Complete Grantee's Certification of Payment Request on Page 3 to certify that the amount being requested for reimbursement above was for items that were charged to and utilized only for the above-cited grant activities. Please see Attachment 1, Standard Terms and Conditions, paragraph 24 for this Agreement's requirements regarding the Build America, Buy America Act (BABA).

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Grantee's Certification of Payment Request

I, _____, on behalf of

(Print name of Grantee's Grant Manager designated in the Agreement)

_____, do hereby certify for

(Print name of Grantee/Recipient)

DEP Agreement No. _____ and Payment Request No. _____ that:

- ☑ The disbursement amount requested is for allowable costs for the project as described in Attachment 3 of the Agreement.
- ☑ All costs included in the amount requested have been satisfactorily purchased, performed, received, and applied toward completing the project; such costs are documented by invoices or other appropriate documentation as required in the Agreement.
- ☑ The Grantee has paid such costs under the terms and provisions of contracts relating directly to the project; and the Grantee is not in default of any terms or provisions of the contracts.

Check all that apply below:

- ☐ All permits and approvals required for the construction, which is underway, have been obtained.
- ☐ Construction up to the point of this disbursement is in compliance with the construction plans and permits.
- ☐ The Grantee's Grant Manager relied on certifications from the following professionals that provided services for this project during the time period covered by this Certification of Payment Request, and such certifications are included:

Professional Service Provider (Name / License No.)	Period of Service (mm/dd/yy – mm/dd/yy)

Grantee's Grant Manager Signature: _____

Print Name: _____

Phone Number: _____

INSTRUCTIONS FOR COMPLETING
PAYMENT REQUEST SUMMARY FORM

DEP AGREEMENT NO.: This is the number on your grant agreement.
AGREEMENT EFFECTIVE DATES: Enter agreement execution date through end date.
GRANTEE: Enter the name of the grantee's agency.
GRANTEE'S GRANT MANAGER: This should be the person identified as grant manager in the grant Agreement.
MAILING ADDRESS: Enter the address that you want the state warrant sent.
PAYMENT REQUEST NO.: This is the number of your payment request, not the quarter number.
DATE OF PAYMENT REQUEST: This is the date you are submitting the request.
AMOUNT OF THIS REQUEST (75%): This should match the amount on the "*TOTAL AMOUNT"* line for the "GRANT AMOUNT 75%" column in the CURRENT REQUEST table.
INVOICE PERIOD: This is the beginning and ending date of the invoice period for the task/deliverable that the request is for (this must be within the timeline shown for the task/deliverable in the Agreement).

PAST PAYMENTS SECTION:
TASK No.: This is the number of the task/deliverable that you requested payment for.
TASK PERFORMED: Select the name of the task.
CATEGORY: Select the name of the authorized budget category.
"GRANT AMOUNT (75%)" COLUMN: Enter the currently approved budget in the Grant Work Plan.
"PAST PAYMENT REQUESTED (75%)" COLUMN: Enter the past total amounts that have been requested to date for reimbursement by task. The total amount will auto-populate.
"REMAINING BALANCE" COLUMN: The remaining balance will auto-populate.

NEW REQUEST SECTION:
TASK No.: This is the number of the task/deliverable that you are requesting payment for and/or claiming match for (must agree with the current Grant Work Plan).
TASK PERFORMED: Select the name of the task.
CATEGORY: Select the name of the authorized budget category.
"TOTAL REQUEST (100%)" COLUMN: Enter the amount that was expended for this task during the period for which you are requesting reimbursement for this task. This must agree with the currently approved budget in the current Grant Work Plan of your grant Agreement. Do not claim expenses in a budget category that does not have an approved budget. Do not claim items that are not specifically identified in the current Grant Work Plan. Enter the 100% amount of each task for which you are requesting reimbursement and the form will calculate 75% and 25% in the GRANT AMOUNT and GRANTEE MATCH columns. The column total will auto-populate on the "*TOTAL AMOUNT*" line.

GRANTEE'S CERTIFICATION: Check all boxes that apply. Identify any licensed professional service providers that certified work or services completed during the period included in the request for payment. **Must be signed by the Grantee's Grant Manager as identified in the grant agreement.**

NOTES:
If claiming reimbursement for travel, you must include copies of receipts and a copy of the travel reimbursement form approved by the Department of Financial Services, Chief Financial Officer.

Documentation for match claims must meet the same requirements as those expenditures for reimbursement.