



PAYMENT REQUEST
– Land and Water Conservation Fund –

See Instructions on page 2.

1. PROJECT NUMBER	2. CONTRACT NUMBER	3. EMPLOYEE IDENTIFICATION NO.
4. GRANTEE		
5. PROJECT TITLE		6. TYPE OF PAYMENT <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final
7. PAYMENT INFORMATION		
<p align="center">Expenditures since last billing: \$ _____</p> <p align="center">Rate of Reimbursement: _____ %</p>		
8. SEND WARRANT TO:		
<p align="center">Grantee Name: _____</p> <p align="center">Street Address: _____</p> <p align="center">City/State/Zip Code: _____</p> <p align="center">Attention: _____</p>		
<u>CERTIFICATION</u>		
<p>I certify that the billing is correct and just and is based upon actual payment(s) of record by the participant or political subdivisions; that payment from the Federal Government has not been received; that the work and services are in accordance with the State of California Land and Water Conservation Fund grant Contract including amendments thereto; and, that the progress of the work and services under the grant Contract is satisfactory and is consistent with the amount paid.</p> <p>I further certify that the participant, political subdivision or public agency is not involved in any court litigation or law suits wherein it is alleged by private parties of the United States that persons were, on the grounds of race, color, or national origin, excluded from participation in, denied benefits of, or otherwise subject to discrimination in the outdoor recreation program or Facilities of the political subdivision or public agency.</p>		
9. SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION	TITLE	DATE
		
FOR DEPARTMENT OF PARKS AND RECREATION USE ONLY		
ITEM	THIS BILLING	CUMULATIVE
1. Total Eligible		
2. Surcharge _____ %		
3. Total		
4. Less Federal Share		
5. Less Surcharge		
6. Total Due Participant		
DPR PAYMENT APPROVAL SIGNATURE		DATE
		

PAYMENT REQUEST
(Land and Water Conservation Fund)
INSTRUCTIONS

1. **Project Number** – The number assigned by the state to this Project
2. **Contract Number** – As shown in Certification of Funding section of the Grant Contract
3. **Employee Identification No.** – Federal Identification Number assigned by Internal Revenue Service
4. **Grantee** – GRANTEE name as shown on the Grant Contract
5. **Project Title** – Title of Project for which payment is requested
6. **Type of Payment** – Check the appropriate box:
 - **Reimbursement** – The Grantee has periodically spent funds to implement the Project, and is requesting reimbursement. Up to 80% of the grant amount may be reimbursed prior to Project completion; or
 - **Final** – The Grantee has completed the Project, and is requesting the final payment.
7. **Payment Information:**
 - **Expenditures since last billing** – Enter all Eligible Costs (Grant + Match) since last payment request.
 - **Rate of Reimbursement** – Enter the rate of reimbursement located on the Grant Contract.
8. **Send Warrant To** – Grantee name, address and contact person
9. **Signature of person authorized in resolution.**