


## PAYMENT REQUEST State Grant Programs

**See Instructions on Page 2.**

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

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

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

<b>8. CERTIFICATION AND SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION</b> <i>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.</i>		
SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION	TITLE	DATE
		

<b>FOR CALIFORNIA DEPARTMENT OF PARKS AND RECREATION USE ONLY</b>	
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 NAME — 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. CERTIFICATION SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION — Must be an original signature by the person authorized in the application resolution.