

**FORM A  
REQUEST FOR PAYMENT**

Please Type All Information

Grantee's Name \_\_\_\_\_ OCDO Agreement Number \_\_\_\_\_

Grantee's Address \_\_\_\_\_

Project Title: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Request No. \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

- |  |          |
|--|----------|
| 1. TOTAL AMOUNT of approved agreement                  | \$ _____ |
| 2. TOTAL FUNDS RECEIVED to date                        | \$ _____ |
| 3. PRIOR REQUESTS SUBMITTED but funds not yet received | \$ _____ |
| 4. TOTAL (Line No. 2 plus Lines No. 3)                 | \$ _____ |
| 5. AGREEMENT BALANCE (Line No. 1 minus Line No. 4)     | \$ _____ |
| <b>6. FUNDS REQUESTED BY THIS ACTION</b>               | \$ _____ |
| 7. NEW AGREEMENT BALANCE (Line No. 5 minus Line No. 6) | \$ _____ |

CERTIFICATION: I hereby certify that the above amounts are true and accurate to the best of my knowledge, that all expenditures are solely for the purpose set forth in the Grant Agreement, and that appropriate documentation, including but not limited to receipts or other evidence of payment, is on file and available as provided for the Grant Agreement.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_  
*(Must be an original signature, not a stamp.)*

Phone \_(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Typed Name \_\_\_\_\_ Date \_\_\_\_\_

**STATE USE ONLY BELOW THIS LINE**

OCDO APPROVAL:

Performance of Grantee to date is hereby certified to merit payment and all reports have been submitted in accordance with conditions of the Agreement.

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Account \_\_\_\_\_  
Program/Fund

OAQDA FISCAL:

Approval of complete appropriate fiscal documentation and availability of money in encumbrance is hereby certified to merit payment in accordance with conditions of the Agreement.

Approved Amount \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_