

State Planning Office

Community Planning and Investment Program - Request for Payment Form

Please attach documentation supporting the amount requested and match expended.

Grantee Name and Address:	Name and Address of Institution (for direct deposit): (Print "Grantee" if no direct deposit requested.)
Type of Grant (eg. Comprehensive Plan, CP Update, Implementation Grant, Regional Challenge etc.):	Account # (for direct deposit):

Date:
Contact Person:
Telephone #:

Local Share Committed to Program:
Local Share Expended to Date:

Please see 'Rider B' of your contract for Payment Request Information	Amount This Request	Funds Requested to Date	Balance Remaining
<input type="checkbox"/> 1st Payment Request			Award Amount:
<input type="checkbox"/> 2nd Payment Request			
<input type="checkbox"/> 3rd Payment Request			
<input type="checkbox"/> 4th Payment Request (if applicable)			
Total:			

Typed or Printed Name of Certifying Official:
I certify: that to the best of my knowledge the data reported herein is correct; that all expenditures were made in accordance with grant conditions.
Signature: _____

DO NOT WRITE BELOW THIS LINE - OFFICIAL SPO USE ONLY

Encumbrance #

Authorized Signature:

Funding Code #

Amount Approved for this Payment:

\$

Date Approved: