

Payment Requests

Section 319(h) Grants Program

Following are guidelines for submitting Payment Requests to Ohio EPA under your sub-grant. Items #11 and 12 in your sub-grant agreement outline requirements associated with payments.

Instructions: All requests for payment must be signed by the authorized project representative using an original signature in blue ink.

We encourage sub-grantees to request funds as reimbursement for actual quarterly expenditures; however you may request funds for anticipated expenditures during the upcoming quarter—however, **ALL** funds must be properly expended within 90 days of receipt of payment.

The Request for Payment form must be used when requesting payment under your grant. The form should be completed as follows:

Block 1: Fill in the **project number** as indicated on your sub-grant agreement.

Block 2: Provide the **name and address** of the sub-grantee

Block 3: Include the **name of the designated contact person** for the project.

Block 4: Use the **fiscal number** ([the number in parenthesis beside the copy to the DSW fiscal officer on the letter transmitting your executed agreement](#)). Start with "1" for the first payment request. Thereafter, number all subsequent requests consecutively.

For example: **SPRING-FD31910 – 1** would be the first payment request for the City of Springfield's 2010 Section 319 project; the next payment request would be **SPRING-FD31910 – 2**; **SPRING-FD31910 – 3** would be the third payment request, and so on through the final payment request.

Block 5: Provide the **total dollar amount** awarded under this project.

Block 6: **Indicate the time period covered by this request.** Enter the month, day and year of the beginning and end of the period covering costs that were incurred (reimbursement) or costs to be incurred during the upcoming 90-day period (advance).

Block 7: Complete **Block 7** as follows:

- a) The cumulative dollar amount of funds received to date.
- b) The cumulative amount expended through the most recent report period
- c) The total cash-on-hand amount at the end of this report period. This number may be positive, negative or zero.
- d) Total amount requested for reimbursement.

Block 8: Complete **Block 8** as follows:

- a) Estimated expenses to be incurred during the upcoming quarter.
- b) The total cash-on-hand at the end of this reporting period.
- c) Total amount requested for payment.

Block 9: Include a **brief description** of why advance funds are needed. List the expenditure and the amount needed. (*EXAMPLE: Restoration Contractor--\$2,300; Project Coordinator Salary--\$4,000; Office Supplies--\$500, etc.*)

Block 10: Provide a **dated signature using BLUE INK**, printed name, title and phone number of certifying official.

REQUEST FOR PAYMENT

1. Project Number: 	4. Payment Number: 								
2. Subgrantee Name & Address: 	5. Total 319 Funds Awarded: 6. Period Covered by this Request: From (month/day/year) To (month/day/year)								
3. Contact Person: 									
7. Cash on Hand/Reimbursement Request: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">a. Total Payments Received</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>b. Total Federal Expenditures thru end of most recent reporting period</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>c. Cash on hand (7a minus 7b)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> d. Total Funds reimbursement requested</td> <td style="text-align: right;"> \$ _____</td> </tr> </table>		a. Total Payments Received	\$ _____	b. Total Federal Expenditures thru end of most recent reporting period	\$ _____	c. Cash on hand (7a minus 7b)	\$ _____	 d. Total Funds reimbursement requested	 \$ _____
a. Total Payments Received	\$ _____								
b. Total Federal Expenditures thru end of most recent reporting period	\$ _____								
c. Cash on hand (7a minus 7b)	\$ _____								
 d. Total Funds reimbursement requested	 \$ _____								
8. Payment Funding Request: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">a. Estimate of Cash needed for next quarter</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>b. Cash on hand (line 7c)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> c. Total Funding Requested (8a minus 8b)</td> <td style="text-align: right;"> \$ _____</td> </tr> </table>		a. Estimate of Cash needed for next quarter	\$ _____	b. Cash on hand (line 7c)	\$ _____	 c. Total Funding Requested (8a minus 8b)	 \$ _____		
a. Estimate of Cash needed for next quarter	\$ _____								
b. Cash on hand (line 7c)	\$ _____								
 c. Total Funding Requested (8a minus 8b)	 \$ _____								
9. Description of Expenditures: 									
10. Certification: I certify that, to the best of my knowledge and belief, the information on this report is correct and that all expenditures and payments requested are valid and consistent with the grant conditions and that the amount requested is not in excess of current needs and will be expended within 90 days of receipt. Signature _____ Date _____ Typed Name _____ Phone _____ Typed Title _____									