

Request for Disbursement

Department for Local Government • Office of State Grants

Funding Program/HB# _____

Project ID# _____

Project Title: _____

Grantee Information

Legal Applicant: _____

Mailing Address: _____

City, State, Zip: _____

Office Contact: _____

Office Phone: _____

Email Address: _____

County: _____

Offical Name/Title: _____

Request Information

Date of Request: _____

Request #: _____

Amount Requested: _____

Disbursement Payment Method: _____

A. Status

1 Original/Total Award Amount: _____

2 Funding Disbursements to Date: _____

3 Amount Being Requested: _____

4 New Account Balance: _____

B. Summary of Payees of Amount Requested:

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

Total Amount of Funding Request: _____
Continuation Page 3

C. Certification:

Certification: _____ "Recipient" hereby makes this request to DLG ("DLG") for a disbursement of funding made by DLG to the Recipient. The Recipient hereby represents, warrants and certifies to DLG that (i) this request is made in accordance with the terms and conditions of that certain grant agreement as represented in the executed memorandum of agreement and any subsequent amendments thereto (the "Memorandum of Agreement"), (ii) the Person executing this instrument on behalf of Recipient is duly authorized to execute and deliver this request, (iii) Recipient requires the amount requested to meet its current payment obligations in connection with the Project as described in the Memorandum of Agreement, (iv) each of the representations, warranties and covenants of Recipient in the Memorandum of Agreement is true and correct on the date hereof, including but not limited to compliance with KRS 154.50-336, (v) no Event of Default under the Memorandum of Agreement has occurred and is continuing, (vi) all work performed by any contractors and subcontractors has been completed in a good and workmanlike manner and in accordance with all applicable contracts, (vii) all work performed by any contractors and subcontractors has been inspected and approved by Recipient prior to the date hereof, and (viii) no contractors or subcontractors have filed liens or have threatened to file liens of any type with respect to the Project. Please note that item (viii) is applicable to grants only. Unless otherwise defined herein, all capitalized terms shall have the meanings ascribed thereto in the Memorandum of Agreement.

Recipient has attached to this request all supporting documentation (cost estimates, invoices and/or receipts, etc.) deemed necessary by DLG, in its sole discretion, for the amount of the disbursement requested.

IN WITNESS WHEREOF, Recipient, by its duly authorized representative, has executed this Request for Disbursement as of the date written here.

Signature **Date**

FOR DLG USE ONLY

Project Reporting Status: ☐ Compliant ☐ Non-Compliant

Reviewer: _____ Date: _____

Branch Mgr: _____ Date: _____

Accounting: _____ Date: _____

Additional Comments:

Office of State Grants • Department for Local Government

100 Airport Road, 3rd Floor • Frankfort, KY 40601

Phone: 502-573-2382 • Toll Free: 800-346-5606 • Fax: 502-227-8691 • kydlgweb.ky.gov

B. Summary of Payees of Amount Requested (Cont'd):

<u>Total Amount from Page 2</u>
7
8
9
10
12
13
14
15
16
17
18
19
20
Total Amount of Funding Request