

**STATE OF ALASKA
MUNICIPAL GRANTS PROGRAM**

REQUEST FOR PAYMENT

Grantee

Grantee Address

Project Name _____ Grant Type:

Grant No. _____ Grant Period covered under this Payment Request

Pay Request No. _____ Final Pay Request: Check box if all project expenses are declared below.

SUMMARY OF EXPENSES CLAIMED

COST CLASSIFICATION	Awarded Grant Amount	Cumulative Past Pay Requests	Current Pay Request	Total Eligible Expenditures
1. Administration				
2. Legal				
3. Engineering Design				
4. Engineering Construction				
5. Construction				
6. Equipment				
7. Other				
8. Contingencies				
9. Total ADEC Eligible Costs				
10. Other Funding Sources				
11. ADEC Eligible Grant (Percentage of Line 9): __50%__70%__85%				

I certify to the best of my knowledge and belief that the amount of this reimbursement is in accordance with the terms of the grant offer; that this request for payment represents the correct ADEC Grant share due which has not been previously paid; and that the work has been completed in accordance with approved Plans and Specifications. The subject project is now approximately _____ % complete.

Typed or printed name

Title

Date

Signature