



**STATE OF ALASKA
MUNICIPAL GRANTS PROGRAM
REQUEST FOR PAYMENT**

Tracking Number: _____
(Internal Use Only)

Project Name: _____ Grant Type: _____
Grant Recipient Name: _____ Grant Number: _____

Grantee Address _____ City _____ State _____ Zip _____

Payment Request Number: _____ Grant Period covered under this Payment Request: _____

SUMMARY OF EXPENSES CLAIMED

Final Pay Request: (Check box if all project expenses are declared below.)

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): *60% ___ 70% ___ 85% ___				

*Grants Issued after July 1, 2008

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

All hard-copy loan applications, pay requests, or other forms may be sent electronically to DEC.Water.MGL.MAT@alaska.gov or mailed to:

Signature

State of Alaska
DEC/Division of Water
Municipal Grants and Loans
P.O. Box 111800
Juneau, AK 99811
Attn.: MAT (Municipal Administration Team)