Request for Payment

Grantee Name: _____ **Request Number:** _____
Grant Number: _____ **Request Date:** _____
Grantee Contact: _____ **Grant Start Date:** _____
Title: _____ **Grant End Date:** _____
Phone Number: _____ **Final Request:** ☐ **(Is this your final request? If so, mark "X")**

A. Budget Categories	B. Grant Award	C. Previous Grant Expenditures From:_____ To: _____	D. Current Grant Expenditures From:_____ To: _____	E. Grant Balance	F. Cost Share Expended	G. Total Project Cost
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
TOTAL:	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

***All Payment Requests Must Include Supporting Documentation**

FINANCIAL STATEMENT	
1. Total Grant Award:	$0.00
2. Previous Grant Expenditures:	$0.00
3. Current Grant Expenditures	$0.00
4. Grant Balance Remaining:	$0.00

GRANTEE CERTIFICATION:
I hereby certify that the above amounts are true and accurate to the best of my knowledge and that all expenditures are solely for the purpose set forth in the agreement.

Date: _____

Signature: _____

Name: _____

Title: _____

PLEASE RETURN TO:
Ohio Development Services Agency
Office of Energy & Redevelopment
77 South High Street, 26th Floor
Columbus, Ohio 43215

FOR STATE USE ONLY

FISCAL APPROVAL
An encumbrance is hereby certified to merit payment in accordance with conditions of the Agreement.

Printed Name: _____

Signature: _____

Date: _____

MONITOR APPROVAL
Performance of Grantee to date is hereby certified to merit payment and all reports and supporting documentation have been submitted in accordance with conditions of the Agreement.

Printed Name: _____

Signature: _____

Date: _____