

REAP

ATTACHMENT A – REQUEST FOR PAYMENT

RECIPIENT ORGANIZATION (City/Town/County Information)		TYPE OF PAYMENT REQUESTED		
Name:		<i>Cash match receipts must be submitted prior to or with first Request for Payment from REAP funds.</i>		
Address:				
City, State, and Zip		Final Request for Funds		Partial Request for Funds

Contract Number:						
Total Contract Amount Awarded:						
Pay Request Number:	1		2		3	

CASH MATCH COMMITTED (if applicable)	\$
CASH MATCH SPENT TO DATE (documentation must be provided)	\$
CASH MATCH BALANCE (Cash Match Balance must be at \$0.00 before REAP funds can be accessed.)	\$

A. REAP AMOUNT AWARDED FOR THIS CONTRACT	\$
B. TOTAL REAP FUNDS PREVIOUSLY REQUESTED AND SPENT ON THIS CONTRACT (documentation must have been previously provided)	\$
C. AMOUNT REQUESTED TO PAY ATTACHED INVOICES	\$
D. TOTAL OF ALL REQUESTS (Add B and C; total cannot exceed contract amount awarded)	\$
E. AMOUNT OF REAP PROJECT FUNDS REMAINING AFTER THIS REQUEST (Subtract D from A)	\$

CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreements and that payment is due and has not been previously requested.

Signature of Authorizing Official

Date

NON-COLLUSION AFFIDAVIT

STATE OF OKLAHOMA

COUNTY OF _____

I, _____ of lawful age, being first duly
(Printed or Typed Name of Mayor or County Commissioner Chair)

sworn, on oath says that (s)he is the agent authorized to submit the attached pay request. Affiant further states that (s)he has not been a party to any collusion in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding; or with any state official or employee as to quantity, quality or price in the contract, or any other terms of said contract; or in any discussions between contractors and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

(Signature of Mayor or County Commissioner Chair)

SUBSCRIBED AND SWORN to before me this day of _____
_____, 20_____ .

Notary Public

My commission Expires:
