

LOUISIANA LGAP/CWEF -- REQUEST FOR PAYMENT (RFP)

A. Name, Address, and Phone Number of: Village / Town / City / Parish	B. Date of Request
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C. Vendor ID Number	D. Tax ID Number	E. Purchase Order (P.O.) Number
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F. LGAP/CWEF Contract Number / Program Year / Grant Representative:	G. Request Number
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H. Actual Delivery Date (A.D.D.) - The most recent date of delivery of services (invoices) for each State fiscal year	A.D.D. FY 1:	
	A.D.D. FY 2:	

1. Status of Funds	Amount	State Use Only
A. Amount Requested with this Request (Total from Line H below)		
B. Funds Received to Date		
C. Subtotal (Add Lines A and B)		
D. Total Grant Amount (Amount of Contract)		
E. Remaining Balance (Subtract Line C from Line D)		
2. Amount of Funds Requested by Activity	Amount	
A. Acquisition of Real Property		
B. Public Works, Facilities, Site Improvements		
1. Sewer		
2. Streets		
3. Water (Fire Protection)		
4. Water (Potable)		
5. Other		
C. Clearance, Demolition		
D. Rehabilitation/ Renovation of Buildings		
E. Equipment		
F. Police Protection Activities		
G. Engineering Fees		
H. TOTAL		

3. Certification
 I certify that this Request for Payment has been drawn in accordance with the terms and conditions of the contract for the grant and that the amount for which drawn is proper for payment to the drawer at the drawer's bank. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs. Approved and detailed invoices that equal or exceed the amount are attached.

Date	Authorized Signature	Title
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4. Approval (For State Use Only)	Split Funding	Y	N
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A. Reviewed By	Date
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B. Approved By	Date
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Payments can be verified online at <https://prdots.doa.louisiana.gov/venpay>