WATER SECTOR PROGRAM (WSP) REQUEST FOR PAYMENT (RFP)

A. Name, Address, and Telephone Number of Grantee	B. Date of Request

C. Subrecipient Number	D. Federal Employer ID	E. UEI Number	F. Request #

G. Actual Delivery Date (A.D.D.) - The most recent date of delivery of services for each State fiscal year.	A.D.D. FY 1:	
	A.D.D. FY 2:	

H. Status of Matching Funds	Amount
1. Amount of match funds to be committed to the project	
2. Amount of match funds expended and documentation previously submitted to OCD-LGA	
3. Amount of match funds remaining to be expended and documented by OCD-LGA	
4. Amount of match funds expended since previous submission (Attach documentation)	
5. Remaining matching fund to be spent (Subtract Line 4 from Line 3)	

I. Status of WSP Funds	Amount
1. WSP Grant Amount	
2. WSP Funds Received to Date	
3. Subtotal (Subtract Line B from Line A)	

J. Amount of Work Completed for this Request	A.D.D. FY 1	A.D.D. FY 2:	Amount
1. Public Works, Facilities, Site Improvements			
a. Sewer			$ 0.00
b. Water			$ 0.00
2. Professional Services			
a. Engineering Fees			$ 0.00
b. Administrative Fees			$ 0.00
3. Acquisition			$ 0.00
4. Other			$ 0.00
5. Total	$ 0.00	$ 0.00	$ 0.00

K. Certification

I certify that this Request for Payment has been drawn in accordance with the terms and conditions of the agreement 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.**

1. Date	Signature	Title

L. Approval (State Use Only)

Amount of WSP funds approved for this request	Total	WSP Funds	Matching Funds
1. Public Works, Facilities, Site Improvements			
a. Sewer	$ 0.00		
b. Water	$ 0.00		
2. Professional Services			
a. Engineering Fees	$ 0.00		
b. Administrative Fees	$ 0.00		
3. Acquisition	$ 0.00		
4. Other	$ 0.00		
5. Total	$ 0.00	$ 0.00	$ 0.00

Expenditure of of match funds verified	Amount
6. Amount of match fund expenditures documented previously	
7. Amount of match fund expenditures documented with this request	
8. Total amount of match fund expenditures documented to date	$ 0.00

9. Reviewed by Signature and Date	10. Approved by Signature and Date

PAYMENTS CAN BE VERIFIED ONLINE AT: https://wwwcfprd.doa.louisiana.gov/vendsearch/index2.cfm