



**Initial Request for Payment (Sections I, II, IV)
and
Request for Reimbursement (Sections I, III, IV)**

I. Project Information

Grantee:	Project Number:	
	Contract Number:	
Project Start Date:	Reporting Period Start Date:	Request Number:
Project End Date:	Reporting Period End Date:	Type of Request: (circle one) Initial Partial Final

II. Initial Request for Payment

Grantees may request no more than \$25,000 for the initial payment. If the total award amount is less than or equal to \$31,250, no more than 80% of the total grant amount may be requested for initial payment. As part of the year-end documentation, grantees will be required to submit copies of invoices or other types of billing documents showing expenditures for these funds along with an Initial Payment Documentation Form.

Total Request for Initial Payment: \$

III. Summary of ADFP Expenditures (Attach copies of invoices or other types of billing documents.)

Budget Item#	Budget Category	Amount	Totals	
		\$	Total ADFP Expenditures to date:	\$
		\$	Cash Match for this request:	\$
		\$	In-Kind dollar value for this request:	\$
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
Total ADFP Expenditures for this request:		\$		

IV. Signature

Certification: *I certify that this information is correct and based on generally accepted accounting standards and principles. The above expenditures are based on actual payments of record for the purpose of and in accordance with the terms of the grant contract. The funds requested are for reimbursement of costs during the time period indicated above and do not duplicate a previous request. The documentation will be retained in our files for future audits. (Counties should use local governmental bidding requirements on projects.)*

Authorized Representative (Print or Type):	Telephone Number:
Name:	Email Address:
Title:	
Signature of Authorized Representative:	Date:

For ADFP Trust Fund Use Only

Approval for Payment by Program Office:	Approval for Payment by ADFP Finance Office:
Date:	Date: