Request for Disbursement

Department for Local Government • Office of State Grants Funding Program/HB# Project ID# Project Title: **Grantee Information** Legal Applicant: Mailing Address: City, State, Zip: Office Contact: Office Phone: Email Address: County: _____ Offical Name/Title: Request Information Date of Request: _____ Request #: ____ Amount Requested: ____ A. **Status** Original/Total Award Amount: Funding Disbursements to Date: Amount Being Requested: 3 New Account Balance:

Rev May 2022 1 of 2 Request for Disbursement DLG/OSG

В.	B. Summary of Payees of Amount Requested:												
	1												
	2												
	3												
	4					<u> </u>							
	5											 	
	6												
			Total Am	ount of Fur	nding Reque	est							
C.	Certifica	ition:											
Certification:													
							/ale					 	
FOR DLG U Project Repo			Col	mpliant			Non-	-Compl	iant				
Reviewer:								Da	ate:				
Branch Mgr:	: <u> </u>							Da	ate:				
Accounting:								D:	ate:			 	
Additional C	omments	:											

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