Request for Disbursement Department for Local Government • Office of State Grants

		Department for Local Government	Funding Program/HB#	
			Project ID#	
Project	t Title:			
Grante	e Informa			
Legal Ap	plicant:			
Mailing	Address:			
City, S	State, Zip:			
Office Contact:			Office Phone:	
Email Address:				
Offical N	ame/Title:			
Reques	st Informa			
		Request #:	Amount Requested:	
A.	Status		· -	
	1	Original/Total Award Amount:		
	2	Funding Disbursements to Date:		
	3	Amount Being Requested:		
	4	New Account Balance:		
В.	Summa	ary of Payees of Amount Requested:		
	1			
	2			
	3		<u>-</u>	
	4			
	5			
	6			
	7			
	8			
	9			
	10			
		Total Amount of Funding Request		

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

FOR SBE USE ONLY	
Project Procurement Status:	
	tions has examined and certified the Applicant's voting system and election and issues approval for reimbursement by the Commonwealth of Kentucky.
Reviewer:	Date:
Ex. Director:	Date:
C Outlineties	
C. Certification:	
to DLG that (i) this request is made in accordance with the terrexecuted memorandum of agreement and any subsequent am this instrument on behalf of Recipient is duly authorized to exemeet its current payment obligations in connection with the Proposition of th	"Recipient" hereby makes this y DLG to the Recipient. The Recipient hereby represents, warrants and certifies in sand conditions of that certain grant agreement as represented in the mendments thereto (the "Memorandum of Agreement"), (ii) the Person executing cute and deliver this request, (iii) Recipient requires the amount requested to object as described in the Memorandum of Agreement, (iv) each of the Memorandum of Agreement is true and correct on the date hereof, including but if Default under the Memorandum of Agreement has occurred and is continuing, has been completed in a good and workmanlike manner and in accordance with stors and subcontractors has been inspected and approved by Recipient prior to be filled liens or have threatened to file liens of any type with respect to the defined herein, all capitalized terms shall have the meanings station (cost estimates, invoices and/or receipts, etc.) deemed necessary by DLG, ested. The provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein is true and correct on the date written in the provided Herein in the provided
Signature	Date
FOR DLG USE ONLY Project Reporting Status: Compliant	Non-Compliant
Reviewer:	Date:
Branch Mgr:	Date:
Accounting:	Date:

Office of State Grants ● Department for Local Government 100 Airport Road, 3rd Floor ● Frankfort, KY 40601

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