

INSTRUCTIONS FOR REQUEST FOR PAYMENT FORM

Complete form electronically. Cells highlighted in yellow are to be completed by grantee.

LINE:	
A	Enter name, address, including zip code, and telephone number of the Grantee.
B	Enter the date this request is being submitted.
C	Enter the Subrecipient Number.
D	Enter the Grantee's Federal Employer ID Number.
E	Enter the Grantee's Unique Entity Identifier Number from sam.gov.
F	Enter number of the request. Requests for Payment (RFP) are numbered sequentially. Your first request is #1, your second is #2, etc. If, for some reason, a request is returned to you for correction and resubmission, the resubmission would have the same number with an A after it, 2A. A second resubmission would be 2B.
G	Enter the most recent date of delivery of invoices for each State fiscal year covered in the invoices for this RFP. Each invoice must have the date of delivery. Any services that cover 2 fiscal years must be in separate invoices or the amount allocated to each fiscal year must be indicated. Ex. FY1 June 30, 2023 \$2,040, FY2 August 5, 2023 \$1,920. Enter only the dollar amounts in J. If 2 fiscal years are used, break out the amounts in each FY column and for each applicable activity.
H	This section to be completed by Grantee.
1	Enter the amount of match funds the Grantee committed to the grant.
2	Enter the amount of match funds that have been expended and previously documented to OCD-LGA.
3	Subtract Line 2 from Line 1.
4	Enter amount of match funds expended that Grantee is documenting with this request. All match expenditure documentation must be provided with final payment request.
5	Subtract Line 4 from Line 3.
I	This section to be completed by Grantee.
1	Enter amount of WSP grant award.
2	Enter amount of WSP funds received to date.
3	Subtract Line I.2 from I.1.
J	This section to be completed by Grantee. All invoices must be approved as identified in the Financial Management Questionnaire and attached to this request. Construction invoices should also be approved by project engineer.
1	Do not enter any data in this cell.
1a	Enter the amount of WSP funds being requested with this submission for sewer grants in the appropriate FY column(s).
1b	Enter the amount of WSP funds being requested with this submission for water grants in the appropriate FY column(s).
2	Do not enter any data in this cell.
2a	Enter the amount of WSP funds being requested with this submission for engineering services in the appropriate FY column(s).
2b	Enter the amount of WSP funds being requested with this submission for administrative services in the appropriate FY column(s).
3	Enter the amount of WSP funds being requested with this submission for acquisition costs in the appropriate FY column(s).
4	Enter the amount of WSP funds being requested with this submission for other costs in the appropriate FY column(s).
5	Worksheet calculates this cell automatically. Do not enter data in this cell.
K	This section to be completed by Grantee.
1	Authorized person's electronic signature, title, and date. Must be a person authorized on the Financial Management Questionnaire that was submitted to OCD-LGA. Email this form to OCDLGA.PaymentRequests@LA.GOV
L	OCD-LGA completes this section. OCD-LGA enters amounts approved for activities and identifies any costs to be paid by Grantee. OCD-LGA verifies expenditure of matching funds and enters amount of matching fund expenditures verified to date.
OCD-LGA will send a copy of the RFP form to Grantee upon approval.	