Print Form

ATTACHMENT A - GRANT PAYMENT SUMMARY SHEET

Contract # _____ Payment Request # ___

Project Name: _____ Page # __of ___

I, _____, certify that $_____In funds for project _____were expended in accordance
(NAME OF AUTHORIZED OFFICIAL) (PROJECT NAME)
with all requirements stipulated in Contract # _____ and are shown in the following itemized summary of expenditures:

Work Element From Schedule 2 - Project Budget (Budget Category)	Description of Work, Materials, or Services	Contractor/Vendor/Employee	Invoice/Bill #/Date	Check #/Date	$ Amount Applicable to Grant

ADD ADDITIONAL PAGES IF NECESSARY

_____

Signed (Authorized Official) Date

STATE OF NEW YORK

County of _____

On the _____ day of _____, 20 , before me personally appeared _____, to me known, who being duly sworn, did depose and say that he/she resides

at:_____: that he/she is the _____ of the _____, the corporation described herein

which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the Board of Directors of said corporation.

(Notary) _____