ATV Grant

Advance Request

DATE: _____

Sponsor Name:	ATV Agreement #:	Billing #:
Project Title:		
Billing Period:	Partial: ☐	Final: ☐

PROJECT / GRANT SUMMARY

a. ATV Grant Amount:	$
b. ATV Grant Match:	$
c. ATV Project Total:	$0.00
d. Hold Back (a x .25)	$

AMOUNT OF ADVANCE REQUESTED $_____
(Limited to a maximum of 25% of the total ATV Grant Amount)

***Note**: 25% of the total ATV Grant award will be withheld until completion of the ATV project.

I certify that this billing is correct and is based on actual costs incurred and can be supported with documentation on file with the Sponsor.

I also certify that the work and services which have been performed to date are in accordance with the approved project agreement including amendments thereto; and that this Sponsor has complied with all applicable State and local statutes.

I agree to retain records pertaining to this billing for three years past the project completion date.

I certify that this Sponsor, is not involved in any court litigation or lawsuit wherein it is alleged by private parties of the United States that persons were, on the grounds of race, color or natural origin excluded from participation in, denied benefits of, or otherwise subject to discrimination in the programs or facilities of this Sponsor.

_____

Signature of Sponsor's Authorized Representative Title Date

_____

Printed Name of Sponsor's Authorized Representative

_____

Name of Person to Contact for Auditing Purposes Address Telephone No.

For OPRD Use Only:

Authorized Payment by: _____ Date: _____

Grant: _____ Phase: _____ PCA:_____ A Object:_____ Sub-Grantee:_____

Amount of Reimbursement: _____