ATTACHMENT B-1

Disbursement Request Package

Legislative Projects (LP) Grants

1.	Grantee/Recipient CITY OF FORT LAUDERDALE						
2.	Project Number LP06101 Date of Request						
3.	Disbursement Request Number Required Match	%					
4.	Type of Request: Partial Final						
5.	Federal Employer Identification Number						
6.	Task/Deliverable No.						
7.	Mail EFT Send Remittance to:						
Disbursement Details (cumulative amounts rounded to the pearest dellar)							
(cum	ursement Details ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget.	Amount this	Total				
(cum NOT	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget.	Amount this Request	Total Cumulative				
(cum NOT	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget. Salaries						
(cum NOT) 1. 2.	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget. Salaries Fringe Benefits						
(cum NOT	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget. Salaries Fringe Benefits Travel						
(cum NOT) 1. 2.	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget. Salaries Fringe Benefits Travel Contractual Services (Professional Services)						
(cum NOT) 1. 2. 3.	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget. Salaries Fringe Benefits Travel Contractual Services (Professional Services) Contractual Services (Construction)						
(cum NOT) 1. 2. 3. 4.	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget. Salaries Fringe Benefits Travel Contractual Services (Professional Services)						
(cum NOT) 1. 2. 3. 4. 5	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget. Salaries Fringe Benefits Travel Contractual Services (Professional Services) Contractual Services (Construction)						
(cum NOT 1. 2. 3. 4. 5	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget. Salaries Fringe Benefits Travel Contractual Services (Professional Services) Contractual Services (Construction) Equipment						
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(cum NOT 1. 2. 3. 4. 5 6. 7. 8. 9.	ulative amounts rounded to the nearest dollar) E: Can only claim expenses in approved budget. Salaries Fringe Benefits Travel Contractual Services (Professional Services) Contractual Services (Construction) Equipment Supplies/Other Expenses Land Indirect Charges						

** SUBMIT ONE ORIGINAL COPY OF THIS FORM AND SUPPORTING DOCUMENTATION FOR EACH DELIVERABLE TO: **

Florida Department of Environmental Protection State Revolving Fund Management, MS 3505 2600 Blair Stone Road Tallahassee, Florida 32399-2400

or email your request to:

 $SRF_Reporting@dep.state.fl.us$

Grant Manager's Certification of Disbursement Request

1,				
	(name of <u>Grantee's</u> Grant Manager designated in the Agreement)			
on	behalf of , do hereby certify that:			
	(name of Grantee/Recipient)			
1.	The disbursement amount requested on Page 1 of this form is for allowable costs for the project described in Attachment A of the Agreement;			
2.	All costs included in the amount requested have been satisfactorily purchased, performed, received, and applied toward completing the project; such costs are documented by invoices or other appropriate documentation as required in paragraph 3D;			
3.	The Grantee has paid such costs under the terms and provisions of contracts relating directly to the project; and the Grantee is not in default of any terms or provisions of the contracts;			
4.	If funds were advanced, all funds received to date have been applied toward completing the project; and			
5.	All permits and approvals required for the construction which is underway have been obtained.			
	(Signature of Cront Managar)			
	(Signature of Grant Manager)			
	(Date)			

Engineer's Certification of Disbursement Request

ONLY SUBMIT IF CONSTRUCTION IS PART OF THE PROJECT

I,		, being the Professional En	gineer retained by				
	(name of Professional Engineer)						
		, am responsible for overse	eeing construction of the				
	(name of Grantee/Recipient)	, 1	o .				
pro	project described in the Agreement and do hereby certify that:						
1.	Equipment, materials, labor, and services rep purchased or received and applied to the pro with and previously approved by the Depart	ject in accordance with cons	struction contract documents filed				
2.	Payment is in accordance with construction of						
3.	•						
4.							
5.							
6.	All additions or deletions to the Project which have altered the Project's performance standards, scope, or purpose (since issue of the pertinent Department permit) have been identified in writing by amendment to this Agreement.						
	Signature of Professional Engineer						
	Firm or Affiliation						
		(Date)	(P.E. Number)				