

Request for Payment #1 from the Capital Projects Fund

Grant Program Name: Community Center Digital Connect Grant Program

Subrecipient/Grantee name: \_\_\_\_\_ Grant Agreement No. 2024 - \_\_\_\_\_

Subrecipient/Grantee address: \_\_\_\_\_

Dollar amount of payment request: \$\_\_\_\_\_. \_\_\_\_

Total dollar amount of grant award spent to date: \$\_\_\_\_\_. \_\_\_\_

By signing this requisition, I certify to the best of my knowledge and belief that the requisition and supporting documentation are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and the Grant Agreement executed in connection with this grant award. I further certify that the project is in compliance with all the terms of the Grant Agreement including but not limited to: (i) the project is insured and will continue to be insured pursuant to the Grant Agreement; (ii) no vendors paid with grant funds have been debarred by the State or Federal government from engaging in or bidding on Public Works Contracts; (iii) supporting documentation will be maintained pursuant to the Grant Agreement; and (iv) the undersigned is authorized to legally bind the Subrecipient/Grantee. **I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001, and Title 31, Sections 3729-3730 and 3801-3812).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**AUTHORIZATION OF THE STATE LIBRARY**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Request for Payment #2 from the Capital Projects Fund

Grant Program Name: Community Center Digital Connect Grant Program

Subrecipient/Grantee name: \_\_\_\_\_ Grant Agreement No. 2024 - \_\_\_\_\_

Subrecipient/Grantee address: \_\_\_\_\_

Dollar amount of payment request: \$\_\_\_\_\_. \_\_\_\_

Total dollar amount of grant award spent to date: \$\_\_\_\_\_. \_\_\_\_

Attached hereto is evidence that a professional services contract has been approved/executed for the project, and **the attachment hereto indicates the dollar amount of the contract cost**. The evidence attached hereto is (check all that apply):

- \_\_\_\_\_ a certified copy of the meeting minutes of the governing board approving the contract
- \_\_\_\_\_ a certified copy of the Resolution approving the contract
- \_\_\_\_\_ copies of the title pages of the contract (with necessary signatures)
- \_\_\_\_\_ other, please describe: \_\_\_\_\_

By signing this requisition, I certify to the best of my knowledge and belief that the requisition and supporting documentation are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and the Grant Agreement executed in connection with this grant award. I further certify that the project is in compliance with all the terms of the Grant Agreement including but not limited to: (i) the project is insured and will continue to be insured pursuant to the Grant Agreement; (ii) no vendors paid with grant funds have been debarred by the State or Federal government from engaging in or bidding on Public Works Contracts; (iii) supporting documentation will be maintained pursuant to the Grant Agreement; and (iv) the undersigned is authorized to legally bind the Subrecipient/Grantee. **I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001, and Title 31, Sections 3729-3730 and 3801-3812).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**AUTHORIZATION OF THE STATE LIBRARY**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Request for Payment #3 from the Capital Projects Fund

Grant Program Name: Community Center Digital Connect Grant Program

Subrecipient/Grantee name: \_\_\_\_\_ Grant Agreement No. 2024 - \_\_\_\_\_

Subrecipient/Grantee address: \_\_\_\_\_

Dollar amount of payment request: \$\_\_\_\_\_. \_\_\_\_

Total dollar amount of grant award spent to date: \$\_\_\_\_\_. \_\_\_\_

By signing this requisition, I certify to the best of my knowledge and belief that the requisition and supporting documentation are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and the Grant Agreement executed in connection with this grant award. I further certify that the project is in compliance with all the terms of the Grant Agreement including but not limited to: (i) the project is insured and will continue to be insured pursuant to the Grant Agreement; (ii) no vendors paid with grant funds have been debarred by the State or Federal government from engaging in or bidding on Public Works Contracts; (iii) supporting documentation will be maintained pursuant to the Grant Agreement; and (iv) the undersigned is authorized to legally bind the Subrecipient/Grantee. **I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001, and Title 31, Sections 3729-3730 and 3801-3812).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

ARCHITECT CERTIFICATION

I, \_\_\_\_\_, of \_\_\_\_\_, certify to the best of my knowledge and belief that the project is 25% complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
License Number

AUTHORIZATION OF THE STATE LIBRARY

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Request for Payment #4 from the Capital Projects Fund

Grant Program Name: Community Center Digital Connect Grant Program

Subrecipient/Grantee name: \_\_\_\_\_ Grant Agreement No. 2024 - \_\_\_\_\_

Subrecipient/Grantee address: \_\_\_\_\_

Dollar amount of payment request: \$\_\_\_\_\_. \_\_\_\_

Total dollar amount of grant award spent to date: \$\_\_\_\_\_. \_\_\_\_

By signing this requisition, I certify to the best of my knowledge and belief that the requisition and supporting documentation are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and the Grant Agreement executed in connection with this grant award. I further certify that the project is in compliance with all the terms of the Grant Agreement including but not limited to: (i) the project is insured and will continue to be insured pursuant to the Grant Agreement; (ii) no vendors paid with grant funds have been debarred by the State or Federal government from engaging in or bidding on Public Works Contracts; (iii) supporting documentation will be maintained pursuant to the Grant Agreement; and (iv) the undersigned is authorized to legally bind the Subrecipient/Grantee. **I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001, and Title 31, Sections 3729-3730 and 3801-3812).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

ARCHITECT CERTIFICATION

I, \_\_\_\_\_, of \_\_\_\_\_, certify to the best of my knowledge and belief that the project is 50% complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
License Number

AUTHORIZATION OF THE STATE LIBRARY

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Request for Payment #5 from the Capital Projects Fund

Grant Program Name: Community Center Digital Connect Grant Program

Subrecipient/Grantee name: \_\_\_\_\_ Grant Agreement No. 2024 - \_\_\_\_\_

Subrecipient/Grantee address: \_\_\_\_\_

Dollar amount of payment request: \$\_\_\_\_\_. \_\_\_\_

Total dollar amount of grant award spent to date: \$\_\_\_\_\_. \_\_\_\_

By signing this requisition, I certify to the best of my knowledge and belief that the requisition and supporting documentation are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and the Grant Agreement executed in connection with this grant award. I further certify that the project is in compliance with all the terms of the Grant Agreement including but not limited to: (i) the project is insured and will continue to be insured pursuant to the Grant Agreement; (ii) no vendors paid with grant funds have been debarred by the State or Federal government from engaging in or bidding on Public Works Contracts; (iii) supporting documentation will be maintained pursuant to the Grant Agreement; and (iv) the undersigned is authorized to legally bind the Subrecipient/Grantee. **I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001, and Title 31, Sections 3729-3730 and 3801-3812).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

ARCHITECT CERTIFICATION

I, \_\_\_\_\_, of \_\_\_\_\_, certify to the best of my knowledge and belief that the project is 75% complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
License Number

AUTHORIZATION OF THE STATE LIBRARY

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Authorized Signature

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Title

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Date

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Authorized Signature

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Title

\_\_\_\_\_  
Date

**Request for Payment #6 from the Capital Projects Fund**

Grant Program Name: Community Center Digital Connect Grant Program

Subrecipient/Grantee name: \_\_\_\_\_ Grant Agreement No. 2024 - \_\_\_\_\_

Subrecipient/Grantee address: \_\_\_\_\_

Dollar amount of payment request: \$\_\_\_\_\_. \_\_\_\_

Total dollar amount of grant award spent to date: \$\_\_\_\_\_. \_\_\_\_

Date of project completion: \_\_\_\_\_

Address of project location: \_\_\_\_\_

\_\_\_\_\_ Attached hereto is a certificate of occupancy or certificate of continued occupancy or similar certification for the project.

By signing this requisition, I certify to the best of my knowledge and belief that the requisition and supporting documentation are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and the Grant Agreement executed in connection with this grant award. I further certify that the project is in compliance with all the terms of the Grant Agreement including but not limited to: (i) the project is insured and will continue to be insured pursuant to the Grant Agreement; (ii) no vendors paid with grant funds have been debarred by the State or Federal government from engaging in or bidding on Public Works Contracts; (iii) supporting documentation will be maintained pursuant to the Grant Agreement; and (iv) the undersigned is authorized to legally bind the Subrecipient/Grantee. **I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001, and Title 31, Sections 3729-3730 and 3801-3812).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

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AUTHORIZATION OF THE STATE LIBRARY

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Authorized Signature

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Title

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Date

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Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date