

Local Government Innovation Fund
Local Government Innovation Grant Program
Grant Payment Request



John R. Kasich, Governor

Development
Services Agency

David Goodman, Director

Grant Information

Date:	
Agency:	
Round Number:	
Project Name:	
Grant Control Number:	
Project Completion Date:	

Grant Status and Request

Invoice Number:	
Total Grant Amount:	
Request Amount:	
Previous Request Total:	
Balance After this Request:	
# of Proof of Payments Attached:	
Total Match:	
Match Expended this Request:	
Final Payment?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Grantee hereby certifies to the Ohio Development Services Agency that: (a) this Payment Request is in accordance with the terms and conditions of the Agreement; (b) the representations and warranties of Grantee set forth in the Agreement are correct; (c) Grantee has sufficient funds to complete the Eligible Grant Project; (d) no default has occurred and is continuing under the Agreement; (e) each cost for which reimbursement is requested is an allowable cost of the Eligible Grant Project and is necessary for the Eligible Grant Project; (f) no cost for which reimbursement is requested is subject to duplicative disbursement requests; and (g) that the data reported above is correct and proper back-up documentation has been submitted.

Date	Signature	Title
State Use Only		
Approved		
Date		