



OREGON WATERSHED ENHANCEMENT BOARD REQUEST FOR RELEASE OF FUNDS

Grantee Name: _____

Grantee's Fiscal Agent: _____

Project Number: _____ Project Name: _____

In accordance with the terms of the Grant Agreement, I request funds as follows:

Payment Request Number _____ OR Final Request _____

I understand that I will need to send **receipts/invoices** and an **expense tracking spreadsheet** to document all funds previously received from OWEB for this project within 120 days of the date of the check.

Failure to comply may delay new grants from being issued and may delay other grant payment requests.

Note: All checks will be made payable to Grantee's Fiscal Agent. Grantee and Fiscal Agent are responsible for paying vendors directly with funds received for this project.

| <u>Budget Category per Grant Agreement</u> | <u>TOTAL of All Amounts Previously Paid</u> | <u>Current Request Amount</u> |
|--|---|-------------------------------|
| 1. _____ | \$ _____ | \$ _____ |
| 2. _____ | \$ _____ | \$ _____ |
| 3. _____ | \$ _____ | \$ _____ |
| 4. _____ | \$ _____ | \$ _____ |
| 5. _____ | \$ _____ | \$ _____ |
| 6. _____ | \$ _____ | \$ _____ |
| 7. _____ | \$ _____ | \$ _____ |
| 8. _____ | \$ _____ | \$ _____ |
| 9. _____ | \$ _____ | \$ _____ |
| 10. _____ | \$ _____ | \$ _____ |
| Totals | \$ _____ | \$ _____ |

I declare that this statement is, to the best of my knowledge, true, correct and complete.

Grantee's Authorized Signature: _____ Date: _____

Grantee Contact Phone Number for Billing Questions: (____) _____ Fax: (____) _____

Grantee Contact E-mail Address: _____

Forward This Request to OWEB's Regional Program Representative (RPR) for Signature Below

I find this request to be consistent with the Grant Agreement and all funding conditions have been met.

OWEB RPR: _____ Date: _____