

**STATE HISTORICAL FUND
PAYMENT REQUEST**

Attachment 2

Grant Recipient: _____

Date: _____

Project Title: _____

Project Number: _____

Total Amount Awarded: \$ _____

Contract Period: _____

As the authorized representative of the _____

Grant Recipient

I hereby state that the above project is presently under contract with the Colorado Historical Society, State Historical Fund, and request **(complete only one section:)**.

ADVANCE PAYMENT REQUEST

_____ An Advance Payment of no more than forty percent (40%) of the total grant award. I further state that work has begun or will begin within the next two weeks on the project; and that an advance payment is necessary to proceed with the Scope of Work.

INTERIM PAYMENT REQUEST (Initial one or both lines, as applicable)

_____ An Interim Payment of no more than fifty percent (50%) of the total grant award. I further state that any advance payment received to date has been fully expended, and that an interim payment is necessary to continue with the Scope of Work.

AND

_____ Enclosed is a SHF Interim Financial Report as required by contract, Exhibit C, and the required documentation or certification of expenditures (payment will **NOT** be considered without a financial report).

EASEMENT FEE PAYMENT REQUEST (Initial one or both lines, as applicable)

_____ Enclosed is an Invoice for the Easement Negotiation fee. I further state that we will negotiate in good faith and make every effort to fully execute an easement with the property owner.

AND/OR

_____ Enclosed is an Invoice for the Easement fee. I further state that the easement has been fully executed, recorded, and submitted to the State Historical Fund.

FINAL REIMBURSEMENT REQUEST (Must initial both lines)

_____ A Final Reimbursement of the remaining balance of award, minus interest earned.

AND

_____ Enclosed is a SHF Final Financial Report and required documentation or certification of expenditures (payment will **NOT** be considered without a financial report)

I understand that the FINAL PAYMENT is a reimbursement, and further state that all invoices and bills reported on the Final Financial report have been PAID IN FULL.

Signature of Grant Recipient / Project Director

Date

