

**MEMBER COMMUNITY INFRASTRUCTURE PROGRAM
DIRECT DISBURSEMENT
PAYMENT REQUEST ACCURACY VERIFICATION AND PROGRESS REPORT**

Project Information

Grantee: _____

Project Title: _____

Payment Request Amount: _____

Authorized Signature

Pursuant to the terms of the Agreement between the Grantee and the Northeast Ohio Regional Sewer District (the "District") for the above-referenced Project, I am the duly authorized representative of the Grantee with respect to said Agreement and related consultant invoices/contractor pay/draw applications.

I hereby verify that the consultant invoice/contractor pay/draw application attached hereto from consultant/contractor is accurate, that the consultant's/contractor's materials and/or services reflected in the consultant invoice/contractor pay/draw application was furnished and performed in accordance with the conditions of the contract for the work and is to the satisfaction of the project, that the consultant invoice/contractor pay/draw application is not in dispute by the consultant/contractor or the Grantee that I recommend payment of same, and that information contained therein is true and correct to the best of my knowledge.

I also confirm that the Grantee shall pay the consultant/contractor such District-approved amount distributed to the Grantee as expeditiously as possible following receipt of funds from the District and within the time period prescribed in the Grantee's contract with the contractor/consultant to avoid any late fees or other penalties for late payment.

Further, I confirm that all information included in the Progress Report is verified and accurate.

Name (print or type): _____

Title: _____

Telephone Number: _____

Email Address: _____

Signature: _____

Date: _____

1) Complete the project status fields below and carry-over and update status with each subsequent Progress Report.**Design Phase (Required Y/N)**

Design Bid:
Design Start:
Design End:

Construction Phase (Required Y/N)

Construction Bid:
Construction Start:
Construction End:

Verification Monitoring (Required Y/N)

Pre Start: Pre End:
Post Start: Post End:

2) Summarize progress and/or accomplishments during this reporting period as related to your project implementation schedule. (500 word maximum)

3) Difficulties and delays encountered during this reporting period. (500 word maximum)

4) Describe progress towards Project tasks. (500 word maximum)

**Member Community Infrastructure Program
DIRECT DISBURSEMENT – EXPENSE WORKSHEET**

Member Community: _____

Project Title: _____

Instructions:

Record all expenses and attach relevant procurement documentation, such as an itemized bill, receipt, invoice, timecard or other documentation to substantiate purchase as deemed acceptable by the NEORSRD.

Direct all Member Community Infrastructure Program disbursement questions and reports to the Watershed Programs Department’s, Grant Programs Administrator II, Linda Mayer, mayerl@neorsd.org.

Vendor	Invoice Total	Other Funding Resources*	MCIP Request
Grand Total			

**applied to project match*