

# Sample: Request for Payment

New Mexico Indian Affairs Department

Make sure that a Notice of Obligation (NOO) has been completed before you submit a Request for Payment form for your project. The purpose of the NOO is to protect the grantee in the event of a state reversion. You will not be reimbursed for a project, if a NOO has not been completed.



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New Mexico Indian Affairs Department

## Request for Payment Procedures

The grantee must submit an original RFP form with all supporting documentation attached. Please note: If the grantee submits their RFP paperwork via email, the hard copy needs to be mailed to IAD. For accounting purposes, do not overlap a RFP by utilizing funds from a prior fiscal year.

### General Instructions for the Request for Payment Form – Exhibit 3:

- ⦿ All fields must be complete and accurate, or the request will be returned to you.
- ⦿ Do not use white out or “cross outs” to make corrections.
- ⦿ Page references below are to the Inter-Governmental Agreement (IGA) for all Capital and Tribal Infrastructure Projects.
- ⦿ Please contact your Indian Affairs Department Project Manager, if you have questions.

### Section I. Grantee Information

- A. Grantee:** Detail should match with contract data; IGA – Article III
- B. Address:** Detail should match with contract data; IGA – Article III
- C. Phone Number:** Detail should match with contract data; IGA – Article III
- D. Grant Number:** 609-XX-XXXX format; found at the top right hand corner of page 1
- E. Project Title:** Summarize contract description from IGA – Article I
- F. Grant Expiration Date:** Contract reversion date; IGA – Article I

### Section II. Payment Computation

- A. Grant Amount:** Contract total dollar value; IGA – Article I
- B. AIPP Amount (If Applicable):** Dollar amount for AIPP; if not applicable mark 0 or N/A; IGA – Article 1
- C. Funds Requested to Date:** Cumulative amount requested (not paid) to date; if first request, mark 0

## Request for Payment Checklist



- Notice of Obligation (NOO) completed;
- Request for Payment Form – Exhibit 3 (*see page 3*);
- Signed detailed pay applications or invoices (*see page 4*);
- Copy of warrant or check that has cleared through the bank – copy of front and back of check (*see page 5*);
- Current print out update on CPMS (*see page 6*);
- Current quarterly report – Exhibit 2 (*see page 7*);



- D. Amount Requested this Payment:** New payment request amount; include supporting back-up
- E. Grant Balance:** Total grant amount; minus funds requested to date, minus new payment request.
- F. GF, GOB, STB:** If not State Tax Bonds (STB); please check with Project Manager
- G. Payment Request Number:** 1, 2, 3 etc. Final pay request to be numbered and state Final; (e.g. 4th and Final)

**Section III. Fiscal Year Expenditure Period Ending:**

Jan-June: Check this box, if expenditures are for this period

July – Dec: Check this box, if expenditures are for this period

Fiscal Year: Capital fiscal year runs from July 1 – June 30; not by calendar year

**Section IV. Certification**

**Grantee Fiscal Officer or Fiscal Agent:** Signature required

Certifies that:

- a. Includes accurate information in the RFP
- b. The expenditures included in the RFP are valid and are for proper purposes under the Agreement;
- c. The expenditures included in the request have been paid;
- d. None of the expenditures included in the request have been previously reimbursed;
- e. The project activity is in full compliance with the Agreement;
- f. Such other representations as the Department may reasonable require.

**Printed Name:** Name of Fiscal Officer or Fiscal Agent

**Date:** Date signed by Fiscal Officer or Fiscal Agent

**Sworn to and Subscribed:** Notary documentation, date and signature with notary stamp

**Grantee Representative:** Signature required

Certifies that:

- a. Includes accurate information in the RFP
- b. The expenditures included in the RFP are valid and are for proper purposes under the Agreement;
- c. The expenditures included in the request have been paid;
- d. None of the expenditures included in the request have been previously reimbursed;
- e. The project activity is in full compliance with the Agreement;
- f. Such other representations as the Department may reasonable require.

**Printed Name:** Name of Grantee Representative

**Date:** Date signed by Grantee Representative

**Sworn to and Subscribed:** Notary documentation, date and signature with notary stamp

Sample: Request for Payment

STATE OF NEW MEXICO  
CAPITAL GRANT PROJECT  
Request for Payment Form

**I. Grantee Information**

(Make sure information is complete & accurate)

A. Grantee: Tribe, Nation or Pueblo  
 B. Address: 1 South Blvd  
Complete Mailing Address, including Suite, if applicable  
Albuquerque, NM XXXXX  
City State Zip  
 C. Phone No: 505-XXX-XXXX  
 D. Grant No: 609-15-XXXX  
 E. Project Title: Basketball and Volleyball Court at the Wellness Center  
 F. Grant Expiration Date: 6/30/2017

**II. Payment Computation**

A. Grant Amount: \$100,000.00  
 B. AIPP Amount (If Applicable) \$0.00  
 C. Funds Requested to Date: \$38,938.48  
 D. Amount Requested this Payment: \$44,336.86  
 E. Grant Balance: \$16,724.66  
 F.  GF  GOB  STB (attach wire if 1st draw)  
 G. Payment Request No. 3

**III. Fiscal Year Expenditure Period Ending:**

(check one)

(Jan-Jun)   
 (Jul-Dec)

Fiscal Year 2016

**IV. Certification:** Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, and are valid expenditures or actual receipts; and that the grant activity is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the "anti donation" clause.

John Doe  
 Grantee Fiscal Officer  
 or Fiscal Agent (if applicable)  
JOHN DOE  
 Printed Name  
 Date: 10-30-15

Jane Doe  
 Grantee Representative  
JANE DOE  
 Printed Name  
 Date: 10-30-15

SWORN TO AND SUBSCRIBED  
 before me on this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_

SWORN TO AND SUBSCRIBED  
 before me on this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_  
 My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_  
 My Commission expires \_\_\_\_\_

**(Department Use Only)**

Vendor Code: \_\_\_\_\_  
 Loc No.: \_\_\_\_\_

Fund No.: \_\_\_\_\_

Division Fiscal Officer \_\_\_\_\_ Date \_\_\_\_\_  
 I certify that the Grantee financial and vendor file information agree with the above submitted information.

Division Project Manager \_\_\_\_\_ Date \_\_\_\_\_  
 I certify that the Grantee records and related appropriation laws agree with the above submitted information.

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INVOICE

Date: 9/29/2015  
Invoice # 157

New Mexico Construction and  
Floors  
1 South Ln  
Albuquerque, NM 87110  
505-883-5709  
Fax 505-455-8859  
[e-mail]

Tribe, Nation or Pueblo  
[Company Name]  
27 Tribal Route 49  
Santa Fe, NM 87501  
505-476-0000  
Customer ID Bill Fisher

Salesperson	Job	Shipping Method	Shipping Terms	Delivery Date	Payment Terms	Due Date
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Due on receipt

Description	Rate	Amount
Prep Existing area for a 94 ft x 50ft basketball court as per specs	25,000.00	25,000.00
Install approx.. 200 ft @ 8' tall chain link fence. As per specs	18,086.86	18,086.86
Install (two) basketball poles w/ goals and backboard	1,250.00	1,250.00

**Subtotal** \$44,336.86  
**Sales Tax** 0.00  
**Total** \$44,336.86  
**Payments/Credits** \$0.00  
**Balance Due** \$44,336.86

Make all checks payable to NM Construction and Floors

**Thank you for your business!**



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Capital Appropriations

Appropriation ID: 15-XXX

15-XXX- Indian Affairs Department - Dept Code:A15XXXX Class Code:31566	
Year	2015
Appropriation Title	Wellness CTR Basketball & Volleyball
Fund Code	SEVERANCE TAX BONDS
EO 2013-006 Eligibility	
Bond Sale Date	
Bond Series Number	7/23/2013
Amount of Bond Sale	STB-58
Category	\$100,000
Subcategory	Local
County	Community Facilities
State Amount	Bernalillo
Chapter/Section	\$100,000
Reversion Date	226 / 28/48
<b>SHARE/BOF Data</b>	
Expended Amount (SHARE)	6/30/2017
Appropriation Balance (SHARE)	\$2,974
Expended Amount (BOF)	\$97,026
AIPP Amount (BOF)	\$2,974
Reversion Amount (BOF)	\$0
Appropriation Balance (BOF)	\$0
Last Update (SHARE/BOF)	\$97,026
<b>State Agency Data</b>	
CIP Project #	10/26/2015
CIP Priority #	
Local Fiscal Agent Code	
Reauth from Prior Project Amount	XXXX - Tribe, Nation, or Pueblo
Amount Obligated	\$0
Project End Date	\$100,000
Expended Amount	
AIPP Amount	\$2,974
Reauth of Balance to New Project	\$0
Reauth to Project #	\$0
Reversion Amount	\$0
Project Status	CapBud re-established pending approval. IGA signed and SOW received. Construction plans complete and pay request submitted.
Goal/Milestone achieved last quarter	Construction plans completed.
Goal/Milestone for next quarter	Construction to begin.
Project Phase	
Current Balance	0220 - Project in Construction
Last Agency Update	\$97,026
Last Submission Date	10/29/2015 12:00:00 AM
<b>Local Data</b>	
Expended Amount (Local Entity)	9/14/2015 12:00:00 AM
Current Balance (Local Entity)	\$97,525
Project Status (Local Entity)	Basketball and volleyball courts are completed
Project Phase (Local Entity)	
Goal/Milestone achieved last quarter (Local Entity)	0230 - Substantial Completion - Closeout
Goal/Milestone for next quarter (Local Entity)	install fencing around the volleyball court with the remaining funds
Valid Contracts in Place (True/False)	
No activity for month being reported (True/False)	True
Last Submission Date (Local)	False
Last Update (Local)	10/29/2015 12:00:00 AM

PROJECT TIMELINE

	Date Completed,	Amount Funded	Future Funding	Funding Sources	Contractor Name	Contract Amount
	Expected, Completion Date or N/A					
Grant Agreement Issued		\$0	\$0			\$0
Water Rights		\$0	\$0			\$0
Easement & Right-of-Way		\$0	\$0			\$0
Acquisition		\$0	\$0			\$0
Archaeological Studies		\$0	\$0			\$0
Environmental Studies		\$0	\$0			\$0
Planning		\$0	\$0			\$0
Design		\$0	\$0			\$0
Construction		\$0	\$0			\$0
Furnish/Equipment		\$0	\$0			\$0
Total		\$0	\$0			\$0

STATE OF NEW MEXICO  
TIF & CAPITAL APPROPRIATION PROJECTS  
Quarterly/Final Report Form  
Exhibit "2"

QUARTERLY REPORT       FINAL REPORT

(Complete one report form for each project included in the Agreement)

Grantee:      Tribe, Nation or Pueblo

Project Number: 609-15-XXXX      Reporting Period: 7/1/15 to 9/30/15

1. Please attach a detailed status of project referenced above.
- A. Contracts (provide contract #, vendor name, dates entered and termination)
- Contract # 8-13-15      Vendor: NM Constructions & Floors
- Contract amount # \$94,550.86      Date executed 8/13/15      Termination: Upon completion

- B. Project Phase
- Bonds sold  Plan/design  Bid documents  Construction Phase
- (provide anticipated date of commencement and completion for each phase)

2. Project Amount: \$100,000.00

Expended to date: \$83,275.34

Grant Balance: \$16,724.66

QUARTERLY REPORT

I hereby certify that the aforementioned TIF & Capital Appropriations Project funds are being expended in accordance with the Project description (Attachment A) of the Grant Agreement, and in compliance with all other applicable state statutory/regulatory requirements.

FINAL REPORT

I hereby certify that the aforementioned TIF & Capital Appropriations project funds have been completed and funds were expended in accordance with the Project description (Attachment A) of the Grant Agreement, and in compliance with all other applicable state/regulatory requirements.

Jane Doe  
Name/Title      Executive Director

10/5/2015  
Date