

CARPET AMERICA RECOVERY EFFORT
GRANT PAYMENT REQUEST

CARE (Rev. 11/17)

CALIFORNIA CARPET STEWARDSHIP PROGRAM (CCSP)

Complete the information requested.

1. GRANTEE NAME (AS APPEARS ON GRANT AGREEMENT)		2. GRANT NUMBER (ASSIGNED BY CARE)	
3. GRANTEE INVOICE NUMBER (OPTIONAL)	4. PAYMENT REQUEST NUMBER		5. EXPENDITURE PERIOD
6. TYPE OF PAYMENT REQUEST <input type="checkbox"/> Special <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final		7. AMOUNT REQUESTED \$	
8. Send warrant to:			
GRANTEE NAME (e.g., ORGANIZATION/BUSINESS NAME)			
CONTACT NAME			
ADDRESS			
CITY		STATE	ZIP CODE
<p>9. I certify, under penalty of perjury under the laws of the State of California, that the above information is true and correct and that all costs for which reimbursement is requested herein were incurred in accordance with the above referenced Carpet America Recovery Effort Grant Agreement.</p>			
_____ <i>Signature of Signature Authority / Authorized Designee (as authorized in Grant Agreement Cover Sheet)</i>		_____ <i>Date</i>	
_____ <i>Print Name</i>		_____ <i>Title</i>	
CARE Staff Use Only			
10. REQUESTED AMOUNT		\$	
11. ADDITIONS OR DEDUCTIONS		\$	
12. SUBTOTAL		\$	
13. LESS WITHHOLD (IF APPLICABLE AND AUTHORIZED IN GRANT AGREEMENT)		\$	
14. APPROVED AMOUNT FOR PAYMENT		\$	
15. COMMENTS		16. DATE RECEIVED	
_____ <i>Approval Signature of CARE Financial Operations Director</i>		_____ <i>Print Name</i>	_____ <i>Date Approved</i>
_____ <i>Approval Signature of CARE Grant Manager</i>		_____ <i>Print Name</i>	_____ <i>Date Approved</i>
_____ <i>Approval Signature of CARE Executive Director</i>		_____ <i>Print Name</i>	_____ <i>Date Approved</i>

See instructions on reverse side

Information and Instructions for completing form

SECTION	TITLE	DESCRIPTION
1.	GRANTEE NAME (AS APPEARS ON THE GRANT AGREEMENT)	Organization or business name as it appears on the grant agreement
2.	GRANT NUMBER (ASSIGNED BY CARE)	Grant number assigned by CARE as it appears on the grant agreement
3.	GRANTEE INVOICE NUMBER (OPTIONAL)	Number assigned to the payment request form by the Grantee
4.	PAYMENT REQUEST NUMBER	Start with 1 for the first payment request and number all subsequent payment requests consecutively
5.	EXPENDITURE PERIOD	For the costs requested for reimbursement in this Grant Payment Request, insert the first and last dates of the period these costs were incurred
6.	TYPE OF PAYMENT REQUEST (ATTACH SUPPORTING DOCUMENTATION)	Reimbursement– the typical payment request is paid on a reimbursement basis; refers to requests submitted during the regular reporting cycle timeframe Special— payment request paid on a reimbursement basis by special request for large purchases between reporting cycles; available only upon prior approval of grant manager Final– final grant payment request for the project
7.	AMOUNT REQUESTED	Amount being requested for payment
8.	SEND WARRANT TO	Grantee’s name, contact name, address, city, state, and zip code as it appears on grant agreement
9.	CERTIFICATION	Print or type name and title of person authorized in the Grant Agreement Cover Sheet included with the Grantee’s application Authorized person signs and dates
10.	REQUESTED AMOUNT	Amount requested by the Grantee
11.	ADDITIONS OR DEDUCTIONS	Additions or deductions to the requested amount determined by the CARE Grant Manager (e.g., at the end of the grant, the CARE Grant Manager releases the amount withheld once final report is approved)
12.	SUBTOTAL	Amount subject to the withhold and calculated by the CARE Grant Manager
13.	LESS WITHHOLD, (IF APPLICABLE AND AUTHORIZED IN GRANT AGREEMENT)	Withhold amount authorized in the grant agreement and calculated by the CARE Grant Manager
14.	APPROVED AMOUNT FOR PAYMENT	Amount approved for payment by the CARE Grant Manager
15.	COMMENTS	Comments about additions, deductions or general comments related to this payment request
16.	DATE RECEIVED	Date payment request was received by the CARE Grant Manager

Send grant payment request to:

CARE CA Carpet Stewardship Program
 Attn: Abbie Beane, Grant Payment Request
 400 Foam St., Ste. C
 Monterey, CA 93940
 Email: abeane@carpetrecovery.org
 To submit email forms, please use subject line: **Grant Payment Request: [YOUR COMPANY NAME]**