**EXHIBIT G-2**

**Disbursement Request Form**

**REQUEST FOR REIMBURSEMENT FORM**

**Name:**

**Address:**

**Phone: Date Submitted:**

**Tax ID #:**

**Disbursements will be provided based on 100% completion of the Eligible Activity listed on Exhibit F and full payment of the Total Project Budget Amount shown on Exhibit F. Once the project is 100% complete, a final review by the Northeast Florida Fire Watch Council must be performed.**

**GRANTEE PAYMENT REQUEST**

|  |  |  |
| --- | --- | --- |
| **Project** |  | All Eligible Activities shown on Exhibit F are  100 % Complete and if not, which Eligible  Activities are 100 % Complete |
| **Address:** |  |  |
|  |  | Total Project Budget Cost for each  Eligible Activity Completed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Amount Requested : $\_\_\_\_\_\_\_\_\_\_\_ |
| **Grantee:** |  |  |

|  |  |
| --- | --- |
| **Grantee:** | I hereby request an inspection to receive the sole lump sum Disbursement for the amount of  $\_\_\_\_\_\_\_\_\_. I certify that I have satisfactorily completed the necessary work to justify this request and that all bills incurred for labor used and materials furnished in making said repairs and improvements have been paid in full to this date.  Attached is a description of the work completed, the amount of payment requested by work item and such invoices, receipts, cancelled checks (or evidence that payment has cleared Grantee’s banking account), and other documents required by the Northeast Florida Fire Watch Council evidencing that the costs and expenses were actually incurred and paid for by the Grantee and were expended on and pertain to the Work. |

**Grantee Signature:** **Date:**