

Division of Energy, Housing and Community Resources

FFP Payment Request (Template) Example

FFP PAYMENT REQUEST FORM (EXAMPLE)

Note: This form is subject to change.

The grantee is to contact the assigned DEHCR project representative to request the FFP Payment Request form for their FFP project after the grant agreement is executed, and approximately 30-60 days prior to when the grantee seeks to submit their first request. Any revisions to the budgeted amounts for activities listed on the Payment Request Form must be approved and a new form must be issued by DEHCR upon approval, prior to the grantee submitting a request based on the newly revised budget.

Received Date: Make Check Payable To: Village of Yourville Wisconsin Bank Associates Acct. #123456789 100 Main St. Yourville, WI 55555	Flexible Facilities Program (FFP) Payment Request Department of Administration Division of Energy, Housing and Community Resources (DEHCR)	PV #: The Grantee MUST ATTACH Updated Copies of the : Cash Control Register <input type="checkbox"/> FFP Disbursements Journal <input type="checkbox"/> Matching Funds Journal <input type="checkbox"/> Invoices for this Payment Request <input type="checkbox"/>						
Person Completing this Form: Jane Doe Phone Number: 608-222-2222 SAM.gov UEI #: XYZXYX000XYZ SAM.gov UEI Expiration Date: 11/1/2025	Contract Number: FFP 24-50 Contract Start Date: 10/7/2024 Contract End Date: 10/31/2026 Construction Start Date: 6/15/2025 PO Number: 111111111 Request Date: 9/1/2025 Amended Request <input type="checkbox"/> Final Request <input type="checkbox"/>							
Contract Amount: \$4,250,000.00								
EXAMPLE								
FFP-Funded Activity	Activity Number	Previous Request Number	Current Request Number	FFP Activity Amount Budgeted	Previously Requested	Current Request	Total Requested to Date	FFP Award Balance
Grant Administration	01			\$15,000.00	\$3,000.00	\$3,000.00	\$6,000.00	\$9,000.00
Other Professional Services	02			\$300,000.00	\$125,000.00	\$75,000.00	\$200,000.00	\$100,000.00
Construction	03	2	0	\$3,135,000.00	\$300,000.00	\$500,000.00	\$800,000.00	\$2,335,000.00
Digital Connectivity	04			\$500,000.00	\$25,000.00	\$50,000.00	\$75,000.00	\$425,000.00
Acquisition/Relocation	05			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Furnishings/Fixtures	06			\$300,000.00	\$0.00	\$0.00	\$0.00	\$300,000.00
TOTALS:				\$ 4,250,000.00	\$453,000.00	\$628,000.00	\$1,081,000.00	\$3,169,000.00
Match-Funded Activity		Minimum Required Match	Percent Match To Date	Match Amount Budgeted	Previous Match Total	Current Match	Total Match Expended To Date	
Library Construction Project Match	REMINDER	No minimum match amt. required for FFP.	0.00%	100.00%	\$500,000.00	\$100,000.00	\$50,000.00	\$150,000.00
TOTALS:		0.00%	12.19%	\$ 500,000.00	\$100,000.00	\$50,000.00	\$150,000.00	
Certification:								
As an authorized representative of the Grantee, I hereby certify that: the information reported above is correct; the amount requested is not in excess of current needs; federal funds will be disbursed within ten (10) business days; and, complete and accurate records are being kept to substantiate all expenses related to this request. By approving this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).						Grantee Representative Authorization Name: _____ Title: _____ Date: _____ Grantee Representative Authorization Name: _____ Title: _____ Date: _____		
EMAIL COMPLETED FORM TO: DOADEHCRFISCAL@WISCONSIN.GOV WITH A COPY TO YOUR DEHCR Project Representative.						DEHCR Payment Authorization Date Signed _____ _____		