

**REQUEST THE GRANTEE'S CUSTOMIZED FORM FROM ASSIGNED DEHCR PROJECT REP.**

**Received Date:**

**Flexible Facilities Program (FFP) Payment Request  
Department of Administration  
Division of Energy, Housing and Community Resources (DEHCR)**

**PV #:**

123 Main St., PO Box 123  
Yourville, WI 55555-1111

**Make Check Payable To: Village of Yourville**

**Contract Number:** FFP 24-40

**Contract Start Date:** 10/7/2024 **Contract End Date:** 10/31/2026

**Construction Start Date:** 6/2/2025 *← Enter the date if started*

**PO Number:** 12345

**Request Date:** 1/4/2026 *← Must be filled in to submit*

**Amended Request:**

**Final Request:**

**Grant Code:** ARPA.2022 / CFDA 21.029

**Project Title:** Yourville Library Construction & Digital Connectivity Installation

**Person Completing this Form:** Jane Doe

**Phone Number:** 608-555-5555

**SAM.gov UEI Expiration Date:** 3/23/2026 *← Must be filled in to submit*

The Grantee **MUST ATTACH** Updated Copies of the

- Cash Control Register
- FFP Disbursements Journal
- Matching Funds Journal
- Invoices for this Payment Request

**Period of Request (Start/End Dates):**  
8/15/2025 - 12/21/2025

**Contract Amount:** \$4,250,000.00 **Reimbursement Only:** NO

**EXAMPLE**

*Period of Request (Start/End Dates) must be filled in to submit.*

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	2	3	\$50,000.00	\$18,135.75	\$12,000.00	\$30,135.75	\$19,864.25
Other Professional Services	02			\$700,125.00	\$342,500.00	\$110,940.00	\$453,440.00	\$246,685.00
Facility/Construction	03			\$3,131,874.45	\$378,002.75	\$1,691,602.25	\$2,069,605.00	\$1,062,269.45
Digital Connectivity	04			\$245,000.00	\$13,799.90	\$0.00	\$13,799.90	\$231,200.10
Acquisition/Relocation	05			\$123,000.55	\$123,000.55	\$0.00	\$123,000.55	\$0.00
Furnishings	06			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTALS:</b>				\$ 4,250,000.00	\$875,438.95	\$1,814,542.25	\$2,689,981.20	\$1,560,018.80

*◦ The Start/End Dates are the earliest and latest dates of when the work/service/purchase took place, for activities paid with FFP funding (as recorded on the FFP Disbursements Journal for the payment request). More specifically, these are the earliest and latest dates of when the services were rendered, or purchases were made, which are being paid (or reimbursed) with the FFP grant.*

*◦ The dates should represent the reporting period of work effort covered by the invoices and receipts; not the date of the invoices.*

*◦ For payment requests with multiple FFP funded invoices and/or receipts, the Period of Request (Start/End Dates) may be from two different invoices or receipts.*

Match-Funded Activity	Activity Number	Minimum Required Match	Percent Match To Date	Match Amount Budgeted	Previous Match Total	Current Match	Total Match Expended To Date	<b>REMINDER</b>	Program Income Earned	Program Earned	Total Earned To Date
Grant Administration	07	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	Match expended must be reported	\$0.00	\$0.00	\$0.00
Other Professional Services	08	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Facility/Construction	09	0.00%	0.00%	\$70,126.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Digital Connectivity	10	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Acquisition/Relocation	11	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Furnishings	12	0.00%	0.00%	\$200,000.00	\$0.00	\$44,600.00	\$44,600.00		\$0.00	\$0.00	\$0.00
<b>TOTALS:</b>		0.00%	0.00%	\$ 270,126.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00

**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: Jane Doe  
Title: Administrator  
Date: 1/4/2026

**Grantee Representative Authorization**

Name: John Smith  
Title: Clerk-Treasurer  
Date: 1/4/2026

DEHCR Payment Authorization \_\_\_\_\_ Date Signed \_\_\_\_\_

*Persons Completing/Authorizing this form must be filled in to submit*

**EMAIL COMPLETED FORM TO:  
DOADEHCRFISCAL@WISCONSIN.GOV  
WITH A COPY TO YOUR DEHCR Project Representative.**

**ALSO REFER TO THE FFP IMPLEMENTATION HANDBOOK - CHAPTER 8: FINANCIAL MANAGEMENT FOR ADDITIONAL PAYMENT REQUEST GUIDANCE & REQUIREMENTS.**

**Instructions for FFP Request for Payment**

This payment request includes macros to automatically calculate and track your individual and project-to-date payment requests and available grant balance. To assure the macros work properly, the following cells are unlocked for manual entry (denoted by blue shaded cells):

- Person Completing this Form
- Phone Number
- SAM.gov UEI Expiration Date
- Construction Start Date
- Request Date
- Amended Request
- Final Request
- Cash Control Register
- FFP Disbursements Journal
- Matching Funds Journal
- Invoices for this Payment Request
- Period of Request (Start/End Dates)
- Current Request Number
- Current Request
- Grantee Representative Authorization Name, Title, and Date Authorized (2 electronic signature areas)

**FOR YOUR FIRST REQUEST FOR PAYMENT:**

Enter all values requested in the unlocked cells (as listed above) on the Request for Payment form.

*Note: By entering names, titles, and dates for the Grantee Representative Authorizations, the grantee is confirming that the individuals have reviewed and approved the submission of the Request for Payment.*

Totals in each column of the Request for Payment form will automatically be calculated and appear.

**SAVE** the Request for Payment document with the request number included in the file name.

Submit the Request for Payment to DEHCR.

**FOR SUBSEQUENT REQUESTS FOR PAYMENT:**

Open the Request for Payment document saved from the previous Request for Payment submission.

Save it as a new file document (with the new request number in the file name); then close the file and re-open it, and select "Start Next Request" within the form.

By clicking "**Start Next Request**" on the form, the Previous Request Number will automatically be calculated and appear. The values previously entered in the Current Request and Current Match columns from the previous Request for Payment will automatically be moved to the Previously Requested and Previous Match Total columns.

Enter all values requested in the unlocked cells (as listed above) on the Request for Payment form.

*Note: By entering names, titles, and dates for the Grantee Representative Authorizations, the grantee is confirming that the individuals have reviewed and approved the submission of the Request for Payment.*

Totals in each column of the Request for Payment form will automatically be calculated and appear.

**SAVE** the Request for Payment document with the request number included in the file name

Submit the Request for Payment to DEHCR.

**IMPORTANT: The grantee must open the document saved from the previous Request for Payment and select "Start Next Request" to start a new Request for Payment to ensure the integrity of the pre-entered formulas on the form are maintained and calculations are generated correctly. Failure to follow this procedure may result in errors that must be corrected by the grantee before the payment can be approved by DEHCR.**

# FLEXIBLE FACILITIES PROJECT BUDGET FORM

## EXAMPLE

GRANT AGREEMENT #: FFP 24-40

GRANTEE: Village of Yourville

DATE: 1 / 14 / 2025

BUDGET ITEM	FFP GRANT FUNDS	MATCH FUNDS (OTHER FUNDING SOURCES) <i>(if applicable)</i>	TOTAL COSTS (by Activity)
CONSTRUCTION (includes New Construction, Renovation, Expansion, Demolition activities)	\$3,131,874.45	\$70,126.00	\$3,202,000.45
DIGITAL CONNECTIVITY (DC) INFRASTRUCTURE MATERIALS & INSTALLATION	\$148,000.00		\$148,000.00
DC COMPUTER PCU(S)	\$24,000.00		\$24,000.00
DC COMPUTER MONITOR(S)	\$15,000.00		\$15,000.00
DC COMPUTER LAPTOP(S)/NOTEBOOK(S)	\$23,000.00		\$23,000.00
DC COMPUTER SOFTWARE	\$14,000.00		\$14,000.00
DC PRINTER(S)	\$16,000.00		\$16,000.00
DC COMPUTER ASSESSORIES	\$5,000.00		\$5,000.00
ARCHITECTURAL/ENGINEERING (A/E) SERVICES	\$700,125.00		\$700,125.00
GRANT ADMINISTRATION	\$50,000.00		\$50,000.00
OTHER PROFESSIONAL SERVICES - SPECIFY:			\$0.00
OTHER PROFESSIONAL SERVICES - SPECIFY:			\$0.00
ADD ADDITIONAL ITEMS BELOW IF APPLICABLE:			
Furnishings		\$200,000.00	\$200,000.00
Acquisition/Relocation	\$123,000.55		\$123,000.55
			\$0.00
			\$0.00
			\$0.00
<b>Sub-Total(s):</b>	<b>\$4,250,000.00</b>	<b>\$270,126.00</b>	<b>\$4,520,126.00</b>

Continued on the next page.

GRANTEE: **Village of Yourville**

DATE: **1 / 14 / 2025**

**Summarize the Match Funding sources and amounts for this Flexible Facilities Program project:**

*Check all "Status" options that apply for each funding source.*

Source:	Village of Yourville Budget - allocation to FFP	Amount:	\$270,126.00	Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Committed	<input type="checkbox"/> Other
					<input type="checkbox"/> Applied	<input checked="" type="checkbox"/> Secured/Awarded	
Source:		Amount:	\$0.00	Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Committed	<input type="checkbox"/> Other
					<input type="checkbox"/> Applied	<input type="checkbox"/> Secured/Awarded	
Source:		Amount:	\$0.00	Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Committed	<input type="checkbox"/> Other
					<input type="checkbox"/> Applied	<input type="checkbox"/> Secured/Awarded	
Source:		Amount:	\$0.00	Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Committed	<input type="checkbox"/> Other
					<input type="checkbox"/> Applied	<input type="checkbox"/> Secured/Awarded	
Source:		Amount:	\$0.00	Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Committed	<input type="checkbox"/> Other
					<input type="checkbox"/> Applied	<input type="checkbox"/> Secured/Awarded	

For any source with a status of "Other" provide a brief explanation (no more than a one-sentence narrative per source).

**Documentation to verify that all matching funds necessary to complete the project have been secured must be submitted. Documents previously submitted to DEHCR do not need to be resubmitted.**