OMB Number: 0610-0096 Expiration Date: 11/30/2021

## ECONOMIC DEVELOPMENT ADMINISTRATION CHECKLIST FOR INTERIM DISBURSEMENT

ED	A Award Number:	Date:			
Rec	ipient:				
Co-	Recipient(s):				
Rec	ipient's Authorized Representative:	Name & Phone Number			
		Name & Phone Number		1	τ
The	interim disbursement amount reques	st is <u>\$</u>	Y	N	NA
1.	The Special Award Conditions requiring	g action prior to disbursement have been satisfied.			
2.	A complete and signed Form SF-271 for Pay Request Numberhas been submitted to EDA.			l I	
3.	All partial pay estimates and invoices have been listed on the project EDA Financial Spreadsheet and the spreadsheet has been submitted to EDA.				
4.	Copies of the partial pay estimates and invoices supporting the claim for reimbursement has been submitted to EDA.				
5.	The current quarterly progress report has been submitted to and accepted by EDA.				
6.	The current semi-annually Federal Financial Report (SF-425) has been submitted to and accepted by EDA.				
7.	Copies of the weekly certified payrolls are on file and are available to the Government upon request.			1	
8.	8. The project/grant administrator has certified that all contractors and subcontractors have complied with Davis-Bacon wage rate requirements.				
9. Matching funds for the Recipient's share are on hand or immediately available.					
10. All work accomplished by change order that is part of the claim for disbursement has been approved by EDA.					
11. All proposed or actual changes to the EDA-approved budget have been approved by EDA					
Prepared By (Signature)		Date			
Pre	pared By (Typed or Written Name	e & Title)			