

Coronavirus Local Fiscal Recovery Fund - Request For Payment

1. General Information								
Participant Name:		Tax ID Number (9-digits):						
DUNS Number:		Federal Congressional District (1-9):						
NEU Recipient Number ¹ :		Registered on SAM.gov:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Mailing Address:								
City:		State:	IN	ZIP Code:				
Contact Person:		Contact Phone Number:		Contact Email Address:				
Authorized Representative Name and Title (Chief Executive of Participant):				Authorized Representative Email:				
Your CLFRF payment will be distributed by the Indiana Auditor of State (AOS). Below, please provide your community's banking information on file with the AOS to confirm the information is accurate and up to date.								
Bank Name:				Bank Routing Number:				
Account Name:				Account Number:				
2. Verification of Allocation ¹								
a. Top Line 2020 Budget:				\$				
b. 75% of Top Line 2020 Budget:				\$				
c. US Treasury Allocation:				\$				
<p>The US Treasury Allocation cannot exceed 75% of the Top Line 2020 Budget. Your Top Line Budget on the IFA Web Site was provided by the State's Department of Local Government Finance (DLGF) based upon your Form 4 - Budget Ordinance submitted to the DLGF. If line b above exceeds line c, attach your Form 4-Budget Ordinance that was submitted to the DLGF as <u>Exhibit A</u> to this Request Form. If line b above does not exceed Line c, then please use your calculations to complete lines a and b and provide documentation of that calculation as <u>Exhibit A</u> to this Request for Payment.</p>								
3. Certification/ Signature								
a. I have read and signed the attached <u>Exhibit B</u> hereto - the US Treasury Coronavirus Local Fiscal Recovery Fund Award Terms and Conditions.						<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. I have read and signed the attached <u>Exhibit C</u> hereto - the US Treasury Coronavirus Local Fiscal Recovery Fund Assurances of Compliance with Civil Rights Requirements.						<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Our Community has determined to <u>DECLINE</u> our US Treasury funding allocation, thereby cancelling the award in order for our community not to be responsible for their appropriate use and / or repayment.						<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>The undersigned hereby certifies under penalties of perjury that the above answers are true and accurate and I have been duly authorized to execute this Request for Payment.</p>								
By:								
Printed:				Title:			Date:	
Attested By (Chief Financial Officer-e.g. Clerk Treasurer)								
By:								
Printed:				Title:			Date:	
For Internal Use Only:								
Approved By:				Date:		\$	\$	

Please return this Request and all supporting documentation to the Indiana Finance Authority
 Via E-mail: COVID-19@ifa.in.gov; or
 Via Regular Mail: Indiana Finance Authority, One North Capitol, STE 900 Indianapolis, IN

¹ This information can be obtained from the IFA Website

Exhibit A – Support for the calculation of the NEU’s Top Line Budget Amount

PLEASE NOTE: The IFA has included in the [*Indiana NEU Estimated Allocations Table*](#) a column providing the NEU approved budget as of January 27, 2020 certified by the Indiana Department of Local Government Finance (DLGF). Its purpose is to only provide NEUs with their estimated final total allocation. Please note that the DLGF certified budget value may exclude other budget line items included in your total operating budget (or Budget Form 4). An NEU may make the determination that other approved budget line items not certified by DLGF meet Treasury's definition of "top-line budget" and include in their total budget submitted to the IFA. It is the responsibility of the NEU to ensure the total operating budget submitted to the IFA follow Treasury guidance.

Exhibit B – [US Treasury Terms and Conditions](#)

NEU authorized representative must review and sign the form provided in the link above.

Exhibit C – [US Treasury Title VI of the Civil Rights Act of 1964](#)

NEU authorized representative must review and sign the form provided in the link above.