



SRF REQUEST FOR PAYMENT

North Dakota Department of Health
Municipal Facilities
SFN 7804 (11-2015)

Clean Water SRF
 Drinking Water SRF

Instructions on back

1. Type of Request <input type="checkbox"/> Final <input type="checkbox"/> Partial		2. SRF Project No.	3. Payment Request No.	4. Employer ID No.	5. Recipient Account No.
6. Name of Loan Recipient			7. Address		
City		State	Zip Code	Period Covered by Request From: _____ To: _____	

8. STATUS OF FUNDS:

CLASSIFICATION	(a)	(b)	
a. Administrative expenses	\$	\$	\$
b. Preliminary expenses			
c. Land, structures, right-of-way			
d. Engineering basic fees			
e. Other engineering fees			
f. Project inspection fees			
g. Land development			
h. Relocation expenses			
i. Relocation payments to individuals/businesses			
j. Demolition and removal			
k. Construction and project improvement cost			
l. Equipment			
m. Miscellaneous cost			
n. Total cumulative to date (sum of lines a thru m)			
o.			
p. SRF payments previously received			
q. Amount requested for payments			
r. Percentage of physical completion of project		%	%

9. CERTIFICATION:

I certify that, to the best of my knowledge and belief, the billed costs or disbursements are in accordance with the terms of the loan agreement, the payment represents an amount which has not been previously requested, and all work is in accordance with the terms of the loan agreement.

a. Recipient	Original Signature of Authorized Representative	Date Request Submitted
	Typed or Printed Name and Title	Telephone (area code & number)
b. Representative certifying to Line 8r	Original Signature of Authorized Certifying Official	Date Signed
	Typed or Printed Name and Title	Telephone (area code & number)

FOR DEPARTMENT USE ONLY

10a. Date of Health Dept Approval	10b. Date of Public Finance Authority Approval	10c. Date of SRF Payment Disbursal
Authorized By:	Authorized By:	Authorized Trustee:

INSTRUCTIONS

Please type or print legibly. Items 2, 3, 6, 7, and 8r are self-explanatory; specific instructions for other items are as follows:

1. Mark the appropriate box. If the request is final, the amounts billed should represent the final cost of the project.
4. Enter the employer's identification number assigned by the U.S. Internal Revenue Service. (optional)
5. This space is reserved for an account number or other identifying number that may be assigned by the recipient. (optional)
8. The purpose of vertical columns (a) and (b) is to provide space for separate cost breakdowns when a large project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed, and indicate page number in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. All amounts are reported on a cumulative basis and should include cents.
 - 8a. Enter amounts expended for such items as travel, legal fees, advertisement for bids, rental of vehicles or office space, and any other administrative expenses.
 - 8b. Enter amounts pertaining to the work of locating and designing, making surveys and maps, sinking test holes, and all other work required prior to actual construction.
 - 8c. Enter all amounts directly associated with the acquisition of land, existing structures, and related right-of-way.
 - 8d. Enter basic fees for services of engineers.
 - 8e. Enter other engineering services. Do not include any amounts shown on line d.
 - 8f. Enter inspection fees of construction and related programs.
 - 8g. Enter all amounts associated with development of land where the primary purpose of the loan is land improvement. The amount pertaining to land development normally associated with major construction should be excluded from this category and entered on line k.
 - 8h. Enter dollar amounts used to provide relocation advisory assistance and net costs of replacement housing (last resort). Do not include amounts needed for relocation administrative expenses; these amounts should be included in amounts shown on line a.
 - 8i. Enter the amount of relocation payments made by the recipient to displaced persons, farms, business concerns, and nonprofit organizations.
 - 8j. Enter gross salaries and wages of employees of the recipient and payments to third party contractors directly engaged in performing demolition or removal of structures from developed land. All proceeds from the sale of salvage or the removal of structures should be credited to this account; thereby reflecting net amounts.
 - 8k. Enter those amounts associated with the actual construction of, addition to, or restoration of a facility. Also, include in this category, the amounts for project improvements, such as sewers, streets, landscaping, and lighting.
 - 8l. Enter amounts for all equipment, both fixed and movable, exclusive of equipment used for construction. For example, permanently attached laboratory tables, built in audio visual systems, movable desks, chairs, and laboratory equipment.
 - 8m. Enter the amounts for all items not specifically mentioned above.
 - 8n. Enter the total cumulative amount to date which should be the sum of lines a through m.
 - 8o. Extra classification cost line, if necessary.
 - 8p. Enter the total amount of SRF payments previously received.
 - 8q. Enter the amount now being requested for payment. This amount should be the difference between the amounts shown on lines n and p rounded to whole dollars. If different, explain on a separate sheet.
 - 9a. To be completed by the authorized representative designated in the Resolution of Governing Body of Applicant. The date should be the actual date the form is submitted to the state agency.
 - 9b. To be completed by the official representative engineer who is certifying to the percent of project completion.
 - 10a. To be completed by the state Department of Health official after review and approval of payment request.
 - 10b. To be completed by Public Finance Authority official.
 - 10c. To be completed by the trustee upon payment disbursement.