

COLORADO DIVISION OF CRIMINAL JUSTICE PAYMENT REQUEST (DCJ FORM 3)

See instructions on page two of this form

GRANTEE:	GRANT NUMBER:
ADDRESS:	
[State warrant (check) will be sent to address above, noting Grant Number on check stub.]	
PROJECT TITLE:	PROJECT DURATION: FROM: _____ TO: _____
PREPARED BY: DATE: _____ PHONE: _____	TIME PERIOD FOR THIS REQUEST: FROM: _____ TO: _____

SECTION I: CASH NEEDS FOR THIS REQUEST

1. Projected or Actual Expenditures for time Period listed above (Federal/State funds and Match)	1.
2. Less Match Spent During this Time Period	2.
3. TOTAL FEDERAL/STATE AWARDED FUNDS NEEDED DURING THIS TIME PERIOD (Line 1 minus Line 2)	3.

SECTION II: CASH SUMMARY AND PAYMENT REQUEST

4. Total Amount of Federal/State Dollar Award	4.
5. Total Amount of Federal/State Dollars Received to Date	5.
6. Total Amount of Federal/State Dollars Requested, Not Received	6.
7. TOTAL AMOUNT OF THIS REQUEST (#3 above)	7.
8. Totals of Lines 5, 6, & 7	8.
9. Federal/State Award Balance (Line 4 minus Line 8)	9.

REQUIRED GRANTEE SIGNATURE: By signing 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 grant 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).

PROJECT DIRECTOR

DATE

SUBMIT ONE SIGNED FORM TO DCJ

Division of Criminal Justice Use Only

- DCJ Form 30 (Certification of Compliance with Regulations for Civil Rights)
 DCJ Form 16 (Prior Approval for Consultants/Contracts)
 DCJ Form 13 (Prior Approval for Equipment Purchase)
 Audit Requirement Met
 Required Quarterly Financial and Narrative Reports (DCJ Forms 1-A & 2) have been submitted to date
 Reported expenditures justify this payment request amount?
 Expenses reported through _____ are _____
 SAM Expiration Date: _____

Amount Requested on Line #7 above is: _____

Reason for Denial: _____

DCJ GRANT MANAGER

DATE

INSTRUCTIONS FOR COMPLETING
PAYMENT REQUEST (DCJ Form 3)

*HINT: Complete the *d items below and then make copies of the form for future use on this grant award. This will save some time.*

Quarterly Financial and Narrative Reports are due within 15 days of the end of the calendar quarter. **Payment Requests will be held or denied if quarterly reports are delinquent or if other requirements are not met.** If the amount requested is modified or denied, a copy of the form will be returned to the Project Director with the explanation of the change or denial.

HEADING

***Grantee:** This is the agency to which the federal grant award was made.

***Grant Number:** This is the grant number assigned to the project by DCJ. It can be found on the Grant Agreement.

***Address:** Enter the agency's address to which the check should be sent. **The warrant (State check) for the approved payment request will be sent to the grantee agency with the grant number noted on the stub.**

***Project Title:** This is the name of the project which is identified on the Grant Agreement.

***Duration:** This is the period of the grant award, not the time period for which this report is being submitted. It can be found on the Grant Agreement, and is changed only if the project requests and receives a grant extension.

Prepared By: This is the person completing this form. Include this person's 10-digit phone number.

Date: This is the date this form is completed.

Time Period for this Request: Fill in the time period for this request. Most payment requests are submitted quarterly while some grant programs/projects submit on a more or less frequent basis. Check with the DCJ Grant Manager assigned to this project if you have questions regarding the frequency.

SECTION I - CASH NEEDS FOR THIS TIME PERIOD:

Line 1: Projected or Actual Expenditures: Projects seeking reimbursement of costs already expended, indicate the period (months) for which reimbursement is being sought. Projects requesting a funding advance, indicate the month for which the advance is being sought. Indicate the actual expenditures (reimbursements) or projected expenditures (advance) of both award and match funds, if applicable, for the time period on line 1.

Line 2: Less Match Spent During this Time Period: Indicate the match that the project spent for project expenses during the period covered by the request. If the project does not require match, this line will be 0.

Line 3: Total Federal/State Awarded Funds Needed During This Time Period: Subtract Line 2 from Line 1 and enter the difference on Line 3.

SECTION II: CASH SUMMARY AND PAYMENT REQUEST:

Line 4: Total Amount of Federal/State Dollar Award: This is the total amount of federal/state dollars awarded to the project. This figure can be found on the Grant Agreement.

Line 5: Total Amount of Federal/State Dollars Received to Date: Indicate the amount of federal/state dollars the project has actually received to date.

Line 6: Total Amount of Federal/State Dollars Requested, not Received: Indicate the amount of federal/state dollars the project has requested from DCJ on a previous payment request but has not yet received.

Line 7: Total Amount of this Request: Insert the figure from Line 3 above.

Line 8: Totals of Lines 5, 6, and 7: Add the amounts on Lines 5, 6, and 7 and enter the total on Line 8.

Line 9: Federal/State Award Balance: Subtract the amount on Line 8 from the amount on Line 4 and enter the difference on Line 9. This is the amount of federal/state funds remaining for use by the project.

REQUIRED GRANTEE SIGNATURE: The Project Director must sign and date the Payment Request. The Financial Officer should review this request to reconcile with actual and anticipated expenditures for the time period indicated in Line 1. The original must be sent to DCJ. Allow 30 days from the day you mail the request to receive the funds. If the form is not signed by the authorized Project Director, the request will be denied and returned for proper signature.