Claim for Payment

Greenway Conservancy for the Hudson River Valley, Inc. and Hudson River Valley National Heritage Area

Grantee Name:	Trails R Cool, Inc.		
Address:	27 Main Street	Grant #	2020-Z-01
	PO Box 15	Project Name:	Construct Amenities Along
City:	Meadow Glen		Meadow Glen Trail
State:	NY Zip: 12345		
Grant expense between the dates:		and:	

Description	Grantee Match (50% min) Source	Amount	Amount Requested
Composting Toilet		$ 0.00	$ 5,000.00
Picnic Tables	Grantee Cash	$ 1,000.00	$ 2,500.00
Interpretive Kiosk	Other Grant/Donation	$ 7,000.00	$ 2,500.00
Cedar Chips	Donated Goods	$ 250.25	$ 0.00
Volunteer Labor	In-Kind Services	$ 5,000.99	$ 0.00
This sample Claim for Payment requests a $10,000 payment and shows $13,251.24 match.			
	Total	xxx	$ 13,251.24	$ 10,000.00
		xxx		
	Net	xxx		

Grantee Certification:

I certify that the above bill is just, true, correct, and pursuant to the intended purposes of the grant listed above; and as per grant agreement; and that no part has been paid unless stated.

x	x Executive Director	x 04/30/2021
Grantee Signature	Grantee Title	Date

For Greenway Use Only Below This Point

Approval for Payment:

I certify that this voucher is correct, just, and payment is approved.

x	x	Invoice Date:	
Authorized Signature	Date	Invoice #:	
		Program:	
x		Check #:	
Authorized Title		Date:	

Claim for Payment

Hudson River Valley Greenway and Hudson River Valley National Heritage Area

Grantee Name: 1	
Address: 2	Grant # 6
2	Project Name: 7
City: 3	7
State: 4 Zip: 5	7
Grant expense between the dates: 8	and: 9

Description	Grantee Match (50% min) Source	Grantee Match (50% min) Amount	Amount Requested
10 repeating	11 repeating	12 repeating	13 repeating
	Total xxx	14 $ 0.00	15 $ 0.00
	xxx		
	Net xxx		

Grantee Certification:
I certify that the above bill is just, true, correct, and pursuant to the intended purposes of the grant listed above; and as per grant agreement; and that no part has been paid unless stated.

x 16	x 17	x 18
Grantee Signature	Grantee Title	Date

For Greenway Use Only Below This Point

Approval for Payment:
I certify that this voucher is correct, just, and payment is approved.

x	x		
Authorized Signature	Date	Invoice Date:	
		Invoice #:	
		Program:	
x		Check #:	
Authorized Title		Date:	

Hudson River Valley Greenway and Hudson River Valley National Heritage Area
Greenway Conservancy Small Grants
National Heritage Area Grants
Claim for Payment Form Instructions

Field #	Field Name	Field Description
Fields 1-9: General Information about the Grantee and Grant, and the dates covered by this Claim for Payment		
1	Grantee Name	Name of the Grant recipient or Payee
2	Address	Street address/PO Box to which payment should be sent (2 lines)
3	City	City of address to which payment should be sent
4	State	State of address to which payment should be sent
5	Zip	Zip of address to which payment should be sent
6	Grant #	The grant number assigned by the Greenway/National Heritage Area (see your MOU)
7	Project Name	Project name as used in the Grant MOU/Application (3 lines)
8	Between the dates--begin	The date of the earliest invoice or match included (may **not** be before the start of the grant term in your MOU)
9	Between the dates--end	Date of the last invoice or match in this request (may **not** be after the end of the grant term in your MOU)
Fields 10-13: Line Item Fields for each invoice (13 lines available, attach additional Claims for Payment if needed)		
10	Description	Name/number on the supporting invoice(s).
11	Grantee Match Source	Type of **Match** from drop down menu, leave blank if not a match item. Choose one item from the menu: (Donated Goods, Grantee Cash, In-Kind Services, Other Grant/Donation) or you may type in something else in the field.
12	Grantee Match Amount	Amount of match on each invoice (enter 0 if none).
13	Amount Requested	Amount you expect to be paid on each invoice (enter 0 if none).
Fields 14-15: These Fields calculate automatically, you cannot enter anything		
14	Total Match Amount	Sum of all line items in Grantee Match Amount column.
15	Total Amount Requested	Sum of all items in Amount Requested column.
Fields 16-18: Grantee Certification Section		
16	Grantee Signature	Signature of the person authorized to make reimbursement requests per the grant MOU
17	Grantee Title	Job title of the person authorized and signing the Claim for Payment
18	Date Signed	Date the Claim for Payment is signed

Note: The included sample Claim for Payment requests a $10,000 payment and shows $13,251.24 match.