ATTACHMENT A - GRANT PAYMENT SUMMARY SHEET

Contract # : _____ Payment Request # : _____

Organization Name: _____ Page # of _____

WORK ELEMENT FROM SCHEDULE B - BUDGET	DESCRIPTION OF WORK, MATERIAL, SERVICES	CONTRACTOR / VENDOR / EMPLOYEE	INVOICE # / DATE	CHECK # / DATE	PORTION FOR GRANT REIMBURSEMEN	MATCH PORTION	TOTAL
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
				TOTALS	$ 0.00	$ 0.00	$ 0.00

SIGNATURE (Authorized Official): _____

STATE OF NEW YORK

County of _____

On the _____day of _____, 20____ , before me personally appeared _____, to me known, who being duly sworn, did depose and say that he/she resides at_____: that he/she is the _____of the _____, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the Board of Directors of said corporation.

(Notary) _____