



**RHODE ISLAND**  
**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**DIVISION OF PLANNING & DEVELOPMENT**  
 235 Promenade Street, Room 320  
 Providence, Rhode Island 02908

## PAYMENT REQUEST CHECKLIST

### Recreation Development & Trails Grants

Project Name: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 File#: \_\_\_\_\_  
 Date: \_\_\_\_\_ Payment Request # \_\_\_\_\_ Final? (Y/N) \_\_\_\_\_

Enclosed? ✓ or N/A	REQUIRED DOCUMENTS
	Tear sheet from newspaper bid advertisement or other evidence of competitive bidding
	Bid tabulation sheets with bidder names & item unit pricing
	If other than low bidder and/or sole source vendor is selected, submit written justification
	Copies of any executed contracts and change orders
	Letter requesting payment including the amount requested and a progress report noting completion status of the grant Scope of Work items (Reference Grant Agreement)
	Copies of contractor invoices dated within Performance Period as stated in the Grant Agreement
	Copies of the front & back of cancelled checks or other proof of payment
	Compliance Certification Form stating the amount requested and signed by an authorized representative. (Authorized Representative is the designated signatory of the grant agreement contract. See Form* )
	For in-kind volunteers, send copies of attendance sign-in sheets w/date and time (hrs. worked). For hourly rates use <a href="http://independentsector.org/volunteer_time">http://independentsector.org/volunteer_time</a> (use RI rate)
	For in-kind staff services, send payroll documents with employee names, rates and hours worked on project. For in-kind equipment, send detail equipment list with hours used. If using FEMA rates for in-kind equipment, see <a href="http://www.fema.gov/schedule-equipment-rates">www.fema.gov/schedule-equipment-rates</a>
	Final Report (Word format- See Form*) within 90 days of the Performance Period end date as stated in the Grant Agreement. Include three or more photos of the completed project with at least one photo with people enjoying the recreational resources. Note the location, date and credits in the photo filename.

**COMMENTS:**

Please email this checklist along with the required documentation to:

Lisa McGreavy at [lisa.mcgreavy@dem.ri.gov](mailto:lisa.mcgreavy@dem.ri.gov)

401.222.2776 Ext. 2777611

\*Forms are available to download at <http://www.dem.ri.gov/programs/planning/grants/index.php>