

|   |                              |   |  |
|---|------------------------------|---|--|
| <b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b> | 1. TYPE OF PAYMENT REQUESTED | a. "X" one or both boxes<br><input type="checkbox"/> ADVANCE<br><input checked="" type="checkbox"/> REIMBURSEMENT   | 2. BASIS OF REQUEST<br><input type="checkbox"/> CASH<br><input type="checkbox"/> ACCRUAL |
|   |                              | b. "X" the applicable box<br><input type="checkbox"/> FINAL<br><input checked="" type="checkbox"/> PARTIAL<br><small>Always check partial unless it is your final request</small> |  |

|  |  |
|--|--|
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED<br><div style="border: 1px solid black; padding: 5px; text-align: center; color: red;">Northern Border Regional Commission</div> | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="color: red; font-size: small;">This is your NBRC project number.<br/>For example: NBRC21GVT13</p> |
|--|--|

|   |   |   |
|---|---|---|
| 5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST<br><div style="border: 1px solid black; padding: 2px; font-size: x-small; color: red;">This is your reimbursement request number, which goes in order as you submit requests: 1, 2, 3...</div> | 6. EMPLOYER IDENTIFICATION NUMBER<br><div style="border: 1px solid black; padding: 2px; color: red;">Can be left blank; already on file with NBRC</div> | 7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER<br><div style="border: 1px solid black; padding: 2px; color: red;">Can be left blank; already on file with NBRC</div> |
|---|---|---|

|   |  |   |
|---|--|---|
| 8. <b>PERIOD COVERED BY THIS REQUEST</b><br>From: <input type="text"/> To: <input type="text"/> | FROM DATE:<br>This should be the next date after the end date of your last request (no gaps of time between request). E.g. If your last request ended on 5/31/2022, this box should reflect 6/1/2022 | TO DATE:<br>This date should reflect the end of a month |
|---|--|---|

9. RECIPIENT ORGANIZATION Grantee information as per the ACH on file

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

10. PAYEE *(Where check is to be sent if different than item 9)* Payee information if different than the grantee information in BOX 9

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

**11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED**

| PROGRAMS/FUNCTIONS/<br>ACTIVITIES<br><i>Use columns (a), (b), and (c) to separate out types of cost, if it's helpful, but it is not necessary.</i> | (a)<br><i>e.g. Engineering</i> | (b)<br><i>e.g. Payroll</i> | (c)<br><i>e.g. Construction</i> | TOTAL   |
|--|--------------------------------|----------------------------|---------------------------------|---|
| a. Total program outlays to date <i>(As of date)</i>   | \$                             | \$                         | \$                              | \$ <i>Total project costs thus far (columns a + b + c)</i>                                  |
| b. Less: Cumulative program income   |                                |                            |                                 | <i>You should never have program income unless it is documented in your grant agreement</i> |
| c. Net program outlays <i>(Line a minus line b)</i>  |                                |                            |                                 | <i>Equal to line a</i>  |
| d. Estimated net cash outlays for advance period   |                                |                            |                                 | <i>Should always be \$0. NBRC does not advance funds</i>                                    |
| e. Total <i>(Sum of lines c &amp; d)</i>   |                                |                            |                                 | <i>Total project costs thus far. Equal to line c</i>  |
| f. Non-Federal share of amount on line e   |                                |                            |                                 | <i>Cumulative amount of expended match funds</i>  |
| g. Federal share of amount on line e   |                                |                            |                                 | <i>Cumulative amount of NBRC funds requested (line e - line f)</i>                          |
| h. Federal payments previously requested   |                                |                            |                                 | <i>Total amount of NBRC funds requested previously</i>                                      |
| i. Federal share now requested <i>(Line g minus line h)</i>  |                                |                            |                                 | <i>Amount of NBRC funds you are seeking for reimbursement this request</i>                  |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances                                    | 1st month                      |                            |                                 |   |
|  | 2nd month                      |                            |                                 |   |
|  | 3rd month                      |                            |                                 |   |

**12. ALTERNATE COMPUTATION FOR ADVANCES ONLY**

|  |    |                             |
|--|----|-----------------------------|
| a. Estimated Federal cash outlays that will be made during period covered by the advance | \$ | <i>Should be left blank</i> |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period     |    |                             |
| c. Amount requested <i>(Line a minus line b)</i>   | \$ | <i>Should be left blank</i> |

**13. CERTIFICATION**

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

|  |  |
|--|--|
| SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL<br><i>Form must be signed by the authorized official to be processed by NBRC</i> | DATE REQUEST SUBMITTED<br><i>Date signed</i> |
|--|--|

TYPED OR PRINTED NAME AND TITLE *Name of signer/authorized official*

Prefix:  First Name:  Middle Name:

Last Name:  Suffix:

Title:

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

## INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

| <i>Item</i> | <i>Entry</i>   | <i>Item</i> | <i>Entry</i>  |
|-------------|--|-------------|---|
| 2           | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.  |             | as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.  |
| 4           | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. | 11a         | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 6           | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.   | 11b         | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.  |
| 7           | This space is reserved for an account number or other identifying number that may be assigned by the recipient.  | 11d         | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.  |
| 8           | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.  | 13          | Complete the certification before submitting this request.  |
| Note:       | The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.   |             |   |
| 11          | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use   |             |   |