

Payment Request Form

Please complete all of the fields below.

Project Title: Preliminary Assessment of the Potential Hazards of the Anticoagulants Diphacinone and Brodifacoum to Salamanders		Project Number:	
Payee Organization: U.S. Fish and Wildlife Service		Payee Tax ID Number: EIN: 53-0201504	
Payee Organization Location		<input checked="" type="checkbox"/> U.S. <input type="checkbox"/> International	
Payee Organization Address (must not be a PO Box for wires)		U.S. Fish and Wildlife Service 911 NE 11th Ave Portland, OR 97232 ATTN: Matthew Thies, Budget Analyst	
Payment Request Type		<input checked="" type="checkbox"/> Advance <input type="checkbox"/> Reimbursement	
Check here if this is the final payment request for this project.		<input checked="" type="checkbox"/>	
Payment Amount Requested		\$ <u>34,802.58</u>	
Have all NFWF funds previously disbursed for this project been expended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (If you marked "No" above, please provide an explanation including the amount that remains unspent and expected timeline for expenditure.)			
If requesting advance payment, please provide justification and a timeline for expected expenditure of these funds. A request of an advance of funds must be due to an imminent need of expenditure. (Required if Payment Request Type is "Advance." Please limit to 2,500 characters, including spaces.) Because NFWF is not a federal agency, deferred payment of costs (typically through IntraGovernmental Payment and Collection [IPAC]) is not possible. Also, not being a state agency or Native Tribe, NFWF is not eligible for authorization of an Advanced Payment Waiver. So 100% payment in advance is required. Additionally, due to the unique nature of grants/agreements funded by NFWF for FWS projects/programs, the funds are received as Contributed Funds, which are not assessed or incur indirect (overhead) costs, which further define the 100% advance payment requirement.			
Provide summary of project accomplishments to date. (Limit to 2,500 characters, including spaces.) Project will not begin until funds are received.			
Value of matching contributions (cash and in-kind) raised for the project to date		\$ <u>15,197.42</u> Non-federal \$ _____ Federal	
Value of matching contributions (cash and in-kind) raised and expended on the project to date		\$ <u>0.00</u> Non-federal \$ _____ Federal	
Payment Mechanism Requested		<input type="checkbox"/> Electronic Payment <input checked="" type="checkbox"/> Check	
Bank Information (Required if Payment Mechanism selected above is "Electronic Payment".)			
Bank Name			
Bank Address (must not be a PO Box)			
ACH Routing Number (preferred method of payment)			
Wire Routing Number (wires done only when ACH is not possible)			
SWIFT Code (international only)			
Name on Account			
Account Number			
International recipients must complete the below section. This information is for the U.S. intermediary bank conducting the transfer for international beneficiary banks.			
Intermediary Bank Name			
Intermediary Bank Address (must not be a PO Box)			
Intermediary Bank ABA Routing Number			
I certify to the best of my knowledge and belief that the payment request is true, complete, and accurate. The expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Grant Agreement or			

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Contract. 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).

Signature:

Date: 4/26/2016

Typed Name and Title: Gerry McChesney, Farallon National Wildlife Refuge Manager

If submitting electronically, please type in name, date and title in the signature lines above.