***Maryland Affordable Housing Trust***

***maht.dhcd@maryland.gov***

**REQUEST FOR PAYMENT**

Name of Grantee:

Address of Grantee: \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ State: MD Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person (completing the request):\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal ID Number (#):\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ MAHT Award #: \_\_\_\_\_\_\_

Payment Request #: \_\_\_\_\_\_\_\_\_\_ Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment System (check one): 25% Advance or Reimbursement \*

|  |
| --- |
| Use of Funds |
| Breakdown of MAHT Award: (refer to scope of work/budget outlined in grant agreement) | TotalMAHT Award | MAHT Funds received to date | \*Expenditures since last draw | Amount of this request | Balance after this request |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

\***Expenditures submitted for reimbursement must be supported by documentation of actual costs incurred or to be incurred, such as copies of invoices for the cost of materials, supplies, utilities, etc. Labor costs for grantee’s employees should be supported by time sheets and a time distribution breakdown which shows the amount of time each employee spent on specific grant activities. Please attach the MAHT Expenditure Tracking form with this request. This request will not be processed if the MAHT Expenditure Tracking form is not attached.**

We certify that this request for payment is made in accordance with the terms and conditions of our agreement with the Maryland Affordable Housing Trust. **(Two signatures are required.)**

 Authorized Signature Title Date

 Authorized Signature Title Date

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**EXPENDITURE TRACKING FORM**

MAHT Award #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Request #:\_\_\_\_\_\_\_\_ Amount Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For this payment request, please identify the specific expenses to be paid with the MAHT funds. Please attach copy of form to your payment request and retain copy in your grant financial files.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount Requested** | **Budget Activity** **Line Item #** | **Specific Use** | **Paid To:****(Identify Specific Vendors)** |
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**STATUS OF FUNDS (MAHT FUNDS ONLY)**

Total Grant Payment Received to Date $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Disbursements to Date $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_