<table>
<thead>
<tr>
<th>Item Description</th>
<th>NMED-PROGRAM</th>
<th>OTHER FUNDS</th>
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<td>Administrative Expenses</td>
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<td>Engineer Fees</td>
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<td>Other Professional</td>
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<td>Service Fees</td>
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<td>Inspection Fees</td>
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<td>Property Acquisition</td>
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<td>Construction Cost</td>
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<td>Planning Cost</td>
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<td>Other Costs (specify)</td>
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<td><strong>TOTAL</strong></td>
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</table>

**Certification:** Under penalty of law, I certify that all the above expenditures are true and correct and are for appropriate purposes in accordance with the terms and conditions of the pertinent Loan/Grant Agreement; that all of the above expenses are properly documented, and are actual invoices; that payment has not been received; and that the grant activity is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the “anti-donation” clause.

Signature of Authorized Official: 
Typed or Printed Name: 
Phone: 
Date: 

Signature of Fiscal Agent: 
Typed or Printed Name: 
Phone: 
Date: 

For Fiscal Agent Signature: 
SWORN TO AND SUBSCRIBED before me on this _______ day of ____________, 20____

Notary Public ________________________________  My Commission expires ______________
INSTRUCTIONS FOR (SAP)
DISBURSEMENT REQUEST FOR PROJECTS WITH FISCAL AGENTS

1. NAME OF ENTITY
The name of the entity on the loan or grant agreement documents.

2. PROJECT NUMBER
Available from the loan or grant agreement.

3. DISBURSEMENT REQUEST NUMBER
The number of the pay request. (Self Explanatory)

4. GRANT AMOUNT
The approved budget amount of the Grant. Expenditures should be listed by category-i.e. engineering, construction, etc.

5. NMED PROGRAM (Previous Expenditures)
The first disbursement request will be zero. After the first disbursement request, the “PREVIOUS EXPENDITURES” column should reflect the “Cumulative Expenditures” figures from the previous disbursement request. (Example: “Previous Expenditures” in disbursement request number four should be identical to “Cumulative Expenditures” in disbursement request number three.)

6. OTHER FUNDS (Previous Expenditures) (Optional)
Report expenditures for other funds.

7. NMED PROGRAM (Current expenditures)
You must reflect the dollar amount you are requesting payment for on this disbursement request.

8. OTHER FUNDS (Current expenditures) (Optional)
Same as Number 6, except report current expenditures from other funds.

9. NMED PROGRAM (Cumulative)
Add the “Previous Expenditures” column and the “Current Expenditures” column and reflect the sum in this column.

10. OTHER FUNDS (Cumulative) (Optional)
Same as Number 8, except report other funds cumulative.

11. NMED PROGRAM (Funds Remaining)
The Grant Amount Less the Cumulative.

12. OTHER FUNDS (Funds Remaining) (Optional)
Report other funds remaining.
13. **SIGNATURE OF AUTHORIZED OFFICIAL**
The person signing must be an authorized representative who has been designated by a resolution passed by the governing body as the signatory authority for this project.

14. **TYPED OR PRINTED NAME**
The typed or legibly printed name of the authorized Signatory Authority who signed the disbursement request.

15. **PHONE**
Enter authorized Signatory Authority’s phone number.

16. **DATE**
Date disbursement request is signed.

17. **SIGNATURE OF FISCAL AGENT** - Must be notarized. Fiscal Agent must be shown on Fiscal Agent Resolution.

18. **TYPED OR PRINTED NAME**
The typed or legibly printed name of the Fiscal Agent.

19. **PHONE**
Enter Fiscal Agent’s phone number.

20. **DATE**
Enter the date signed.

21. **NOTARY PUBLIC**
Disbursement must be signed and notarized.