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REQUEST FOR ADVANCE OR REIMBURSEMENT			0348-0004				1 1	4	PAGES
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3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED			4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER AGEKINED			3. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST			
Delte Regional Authority			BY FEDERAL AGENCY KY-10737 EC			9			
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NUMBER 61-6014175		AING MAMBĒK	FROM (month, day, year) 3/23/2017			TO (month, day, year) 4/5/2017			
II. RECIPIENT ORGANIZATION			10. PAYEE (Where check is to be sent if different than learn 9)				ESTACR ESISTACOURTOCOS	and the skyleton elements change	
Name: Marshall County Fiscal Court			Name:						
			Number and Street:						
Chy, State and ZIP Code: Benton, Kentucky 42025			City, State and ZIP Code:						
	COMPUTATIO	N OF ANGUNT OF RE	IMBURSEN	ENTS/ADVAN	CES REQUESTED		TO AND RECESSION OF BUILDING STATES		
PROGRAMS/FUNCTIONS	/ACTIVITIE9 🏎	(*)	(b)	· .	(0)		τ)TAL	,
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b. Less: Cumulative progra	m income								0.00
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	CERTIFICATION	
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays		DATE REQUEST SUBMITTED April 28, 2017
grant conditions or other agreement and that payment is due and has not been previously requested.	Kanin hinal County liston Branding	TELEPHONE (AREA CODE, NUMBER, EXTENSION) 270-527-4750

This space for agency use

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and complating and reviewing the collection of information. Send commente 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

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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:

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Entry

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Entry

- 2 Indicate whether request is prepared on cesh or accrued expenditure basis. All requests for advances shell be prepared on a cash basis.
- 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.
- 8 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 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.
- 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 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.
- 11e 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, outleys are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of inkind 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.
- 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.
- 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.
- 13 Complete the certification before submitting this request.

STANDARD FORM 270 (Rev. 7-97) Bank

DELTA REGIONAL AUTHORITY WORKSHEET FOR REIMBURSEMENT REQUEST Project Title: _____ Marshall County SD 1 Wastewater Plant and Lift Station Rehab DRA Grant/Project Number: ____ KY-10737 E.C. Reimbursement Period/This Request. From ____ 3/22/2017 to 4/5/2017

Approved Budget Category	Approved Budget	Match Non-DRA Expenses This Request	DRA Expenses This Request	Total Expenses This Period	Total Project Outlays To Date	Budget Balance Remaining
Per funding sources % of budget		43% share budget	57% share budget			
Engineering Design	106,500.00		16,510.00	16,510.00	50,562.00	55,938.00
Engineering Inspect	38,000.00					38,000.00
Construction	500,000.00				44,838.17	455,161.83
Contingencies	47,783.00				3 73 4 6 7 1 4	47,783.00
Administration	7,000.00			0.00	3,500.00	3,500.00
SUBTOTALS	A					
Less cumulative Program Income						
TOTAL	699,283.00	0.00	16,510.00	16,510.00	98,900.17	600,382.83