



DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

REQUISITION FOR PAYMENT



Applicant: <u>Town of Ledyard</u>	For Internal Use Only Program Title: <u>STEAP</u> Project #: <u>2015072001</u>
Project Name: <u>Town Center Improvements</u>	
Current Budget Period: <u>Start Date: 7.18.14 End Date: 12.31.15</u>	
Federal ID #: <u>06-6002023</u> Social Sec. #:	

SOURCES OF FUNDING	NON-DECD FUNDS		DECD FUNDS		TOTAL
	CASH	IN-KIND	GRANT	LOAN	
Private Investment					\$ -
Bank Financing					\$ -
CT. Development Authority					\$ -
CT. Innovations, Inc.					\$ -
CHFA					\$ -
DECD Program #1: <u>STEAP 2014</u>			\$ 500,000		\$ 500,000
DECD Program #2:					\$ -
Other: <u>Town of Ledyard</u>	\$ 250,000				\$ 250,000
					\$ -
					\$ -
TOTAL SOURCES	\$ 250,000	\$ -	\$ 500,000	\$ -	\$ 750,000

USES SUMMARY	Total DECD Funds Approved (A)	Non-DECD Funds Approved (B)	Total Approved Budget (A+B=C)	Previously Requested DECD Funds (D)	Current DECD Funds Requested (E)	Total DECD Funds Appr. To Date (D+E=F)
LAND			\$ -			\$ -
OTHER DEVELOP EXPENSES			\$ -			\$ -
ADMINISTRATION			\$ -			\$ -
CARRYING CHARGES			\$ -			\$ -
ARCHITECTURAL & ENGINEERING	\$ 45,000	\$ 40,000	\$ 85,000		\$ 16,250	\$ 16,250
CONSTRUCTION	\$ 455,000	\$ 210,000	\$ 665,000			\$ -
OTHER WORKING CAPITAL			\$ -			\$ -
CAPITAL COSTS			\$ -			\$ -
RESEARCH & DEVELOPMENT			\$ -			\$ -
FURNISHINGS/EQUIPMENT			\$ -			\$ -
CONTINGENCY			\$ -			\$ -
TOTALS	\$ 500,000	\$ 250,000	\$ 750,000	\$ -	\$ 16,250	\$ 16,250

CONDITIONS:

1. This amount represents the DECD funds necessary to meet project expenditures during the next 90 days. The initial request may include reimbursement of funds advanced from sources other than DECD.
2. I understand that the DECD approval is subject to the terms and conditions of the Assistance Agreement.
3. Semi-Annual financial statements must be submitted for the periods ending June 30 and December 31. These financials statements must be submitted within 30 days from the end of the period until all project related funding is expended

Applicant:	Town Of Ledyard
Project Name:	Town Center Improvements

CERTIFICATIONS:

Housing Related Projects Only:

1. The bank balance on this project is \$_____. This amount is on deposit with _____ in the City/Town of _____ or is on deposit with the Tax Exempt Proceeds Fund, as applicable.

2. All funds to be received from the State of Connecticut in connection with this project shall be managed pursuant to the Development Expenditures Account Agreement or the Tax Exempt Proceeds Fund, Inc. Deposit and Withdrawal Provisions, as applicable.

All Funding Reipients:

3. The cumulative expenditure for the project, as of this date, is \$_____.

4. I certify that all project requirements are being fulfilled and are current, including insurance.

5. I am duly authorized to execute this request.

Applicant Signature:



John Rodolico, Mayor

5-26-15

Sign and Print Name

Title

Date

DEPARTMENT USE ONLY:

I recommend approval in the amount of \$_____. The Request for Payment is in accordance with Section(s)_____.

Development Manager

Date

Date Invoice #
 4/20/2015 756

Town of Ledyard
 Charles Karno
 741 Colonel Ledyard Highway
 Ledyard, CT 06399-1511

Work Period

P.O. No.

Project Ledyard Center Streetscape

Item	Description	Est Amt	Prior Amt	Prior %	Curr %	Total %	Amount
Project Kick-off	Project Kick-Off and Site Assessment	9,000.00			100.00%	100.00%	9,000.00
Design Development	Design Development	14,500.00			50.00%	50.00%	7,250.00
Construction Documents	2/3 completion of Construction Documents	17,000.00			0.00%	0.00%	0.00
Construction Documents	Completion of Construction Documents	10,000.00			0.00%	0.00%	0.00
Const Admin	50% Construction Administration	7,000.00			0.00%	0.00%	0.00
Const Admin	100% Construction Administration	7,500.00			0.00%	0.00%	0.00
Total							\$16,250.00
Payments/Credits							\$0.00
Balance Due							\$16,250.00

Payments are due 7 days from date of invoice.
 Finance Charges of 1.5% per month shall be applied to all accounts over 30 days.