

LOCAL SPONSOR PAYMENT REQUEST CERTIFICATION

This is to certify that I have reviewed, have on file and will make available for inspection upon request for a period of seven years from the date of the final disbursement of funds, all documentation from all TMEs required for this payment, and find that the work elements are in support of direct trail maintenance and development, the figures total correctly, they do not duplicate any items previously submitted, the expenditures were incurred within the project term, meet conditions of the award, and they appear to be for eligible costs.

The last invoice date referenced for this payment request is March 31st.

Based upon my review, I have determined that this payment request includes total eligible expenditures of \$ _____.

Printed Name & Title of Authorized Official or Authorized Project Administrator

Signature of Authorized Official or Authorized Project Administrator

Date

TRAIL MAINTENANCE ENTITY (TME) PAYMENT REQUEST CERTIFICATION

To be submitted with payment documentation.

County: _____

TME: _____

Enclosed is the material for processing payment for the above project covering total eligible expenditures of \$ _____.

This request certifies that all the required payment documentation is included and that the figures are true and correct and (a) do not duplicate any items previously submitted for reimbursement, and (b) that this payment does not duplicate a request for payment, or any payment received, from any source, for goods and services under this program. It is further certified that all items listed are eligible costs, and that the expenditures comply with the terms and conditions of the contract.

Name of Certifying TME Officer:

Printed Name & Title

Signature

Date

NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION



SNOWMOBILE TRAIL GRANT - IN - AID



LOCAL SPONSOR ONLY - SUMMARY SHEET

Local Sponsor Name _____ *Date* _____

Trail Maintenance Entity (TME) Names _____ *Amount* _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Total Expenditures _____

NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION



SNOWMOBILE TRAIL GRANT - IN - AID



ATTACHMENT A - SUMMARY SHEET

<i>Local Sponsor</i>	<i>Date</i>
<i>TME Name</i>	
<i>Attachment B (Labor - other than Groomer)</i>	\$0.00
<i>Attachment C (Equipment Leased or Rented)</i>	\$0.00
<i>Attachment C1 (Equipment Purchase)</i>	\$0.00
<i>Attachment D (Signage & Related Materials)</i>	\$0.00
<i>Attachment E (Groomer Usage)</i>	\$0.00
<i>Attachment G (Miscellaneous)</i>	\$0.00
Total Expenditures	\$0.00

Local Sponsor Notes:

OPRHP Notes:

**NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SNOWMOBILE TRAIL GRANT - IN - AID**



ATTACHMENT G - (Miscellaneous Sheet)

TME Name			Local Sponsor		
Date Paid	Check or Voucher #	Description of Charges	Model**	Vin #**	Amount
This Section for Insurance Payments Only					
This Section for Equipment Storage Payments Only					
Total					\$0.00

**For Groomer purchases/payments

LOCAL SPONSOR PAYMENT REQUEST CERTIFICATION

This is to certify that I have reviewed, have on file and will make available for inspection upon request for a period of seven years from the date of the final disbursement of funds, all documentation from all TMEs required for this payment, and find that the work elements are in support of direct trail maintenance and development, the figures total correctly, they do not duplicate any items previously submitted, the expenditures were incurred within the project term, meet conditions of the award, and they appear to be for eligible costs.

The last invoice date referenced for this payment request is March 31st.

Based upon my review, I have determined that this payment request includes total eligible expenditures of \$ 60,025.09.

SAMPLE

John Smith, Director of Planning

Printed Name & Title of Authorized Official or Authorized Project Administrator

John Smith

Signature of Authorized Official or Authorized Project Administrator

5/25/10

Date

TRAIL MAINTENANCE ENTITY (TME) PAYMENT REQUEST CERTIFICATION

To be submitted with payment documentation.

County: Parks County

TME: Bank Busters Snowmobile Club

Enclosed is the material for processing payment for the above project covering total eligible expenditures of \$ 60,025.09.

This request certifies that all the required payment documentation is included and that the figures are true and correct and (a) do not duplicate any items previously submitted for reimbursement, and (b) that this payment does not duplicate a request for payment, or any payment received, from any source, for goods and services under this program. It is further certified that all items listed are eligible costs, and that the expenditures comply with the terms and conditions of the contract.

Name of Certifying TME Officer:

SAMPLE

Steve Jones, President of Bank Busters Snowmobile Club

Printed Name & Title

Steve Jones

Signature

5/1/10

Date

NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION



SNOWMOBILE TRAIL GRANT - IN - AID



ATTACHMENT A - SUMMARY SHEET

Local Sponsor	Parks County	Date	31-Mar-10
TME Name	Bank Buster Snowmobile Club		
Attachment B (Labor - other than Groomer)			\$416.88
Attachment C (Equipment Leased or Rented)			\$420.56
Attachment C1 (Equipment Purchase)			\$1,773.69
Attachment D (Signage & Related Materials)			\$812.00
Attachment E (Groomer Usage)			\$2,664.00
Attachment G (Miscellaneous)			\$53,937.96
	Total Expenditures		\$60,025.09

SAMPLE

Local Sponsor Notes:

OPRHP Notes:

**NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SNOWMOBILE TRAIL GRANT - IN - AID**



ATTACHMENT G - (Miscellaneous Sheet)

Bank Buster Snowmobile Club

Parks County

TME Name

Local Sponsor

Date Paid	Check or Voucher #	Description of Charges	Model**	Vin #**	Amount
9/4/09	25862	Lease agreement with John Doe			\$15,000.00
3/15/10	25901	Groomer	75 Bombardier	576IVG1976390	\$12,000.00
04/09 - 03/10	see attached	Groomer payments for 2005 tucker	05 Tucker	678IK90909792	\$24,998.96
SAMPLE					

This Section for Insurance Payments Only

3/5/10	25899	Met Insurance - Fire, theft on equipment			\$1,939.00
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This Section for Equipment Storage Payments Only

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**For Groomer purchases/payments

Total \$53,937.96