OMB Number: 0610-0096
Expiration Date: 01/31/2025

ECONOMIC DEVELOPMENT ADMINISTRATION
CHECKLIST FOR INTERIM DISBURSEMENT

EDA Award Number:_____ Date: _____

Recipient: _____

Co-Recipient(s): _____

Recipient's Authorized Representative: _____
Name & Phone Number

The interim disbursement amount request is $

	Y	N	NA
1. The Specific Award Conditions requiring action prior to disbursement have been satisfied.			
2. A complete and signed Form SF-271 for Pay Request Number _____ has been submitted to EDA.			
3. All partial pay estimates and invoices have been listed on the project EDA Financial Spreadsheet and the spreadsheet has been submitted to EDA.			
4. Copies of the partial pay estimates and invoices supporting the claim for reimbursement has been submitted to EDA.			
5. The current quarterly progress report has been submitted to and accepted by EDA.			
6. The current semi-annually Federal Financial Report (SF-425) has been submitted to and accepted by EDA.			
7. Copies of the weekly certified payrolls are on file and are available to the Government upon request.			
8. The project/grant administrator has certified that all contractors and subcontractors have complied with Davis-Bacon wage rate requirements.			
9. Matching funds for the Recipient's share are on hand or immediately available.			
10. All work accomplished by change order that is part of the claim for disbursement has been approved by EDA.			
11. All proposed or actual changes to the EDA-approved budget have been approved by EDA			

Prepared By (Signature) **Date**

Prepared By (Typed or Written Name & Title)