

SECTION I - SLIPA RECIPIENT INFORMATION				
SLIPA CONTRACT NUMBER		REQUEST NUMBER		TOTAL AMOUNT SLIPA REQUESTED
MT-SLIPA-25-214		1		\$11,797.29
Name and Address of SLIPA Recipient			Make Deposit Payable To:	
CITY OF SIDNEY 115 2ND ST SE SIDNEY, MT 59270			CITY OF SIDNEY 115 2ND ST SE SIDNEY, MT 59270	
SECTION II - FINANCIAL				
	A Amount Budgeted	B Amount Expended Prior to this Request	C Amount Requested	D Balance Remaining After This Request
1. LOCAL CASH MATCH FUNDS BUDGETED	\$154,118.75	\$154,118.75	XXXXX (local funds)	\$0.00
	% of Total Grant	% of Column A		
		1.00		
3. TOTAL SLIPA FUNDS BUDGETED	\$455,356.25	\$0.00	\$11,797.29	\$443,558.96
	% of Total Grant	% of Column A		
4. Percent	0.747128676	0.00		
5. TOTAL PROJECT BUDGET AMOUNT	\$609,475.00	\$154,118.75	\$11,797.29	\$443,558.96
			TOTAL Amount Requested	\$11,797.29
REMARKS: Match requirements being tracked on invoice tracking, all match being used with first request for funds.				
SECTION III - LOCAL APPROVAL				
<p>"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the contractaward. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."Please submit request for reimbursements and all supporting documentation and reports to: Montana Department of Commerce, Community MT Division, PO Box 200523, Helena MT 59620-0523 or the project liasion via email.</p>				
DATE:	SIGNATURE		TITLE	
DATE:	COUNTERSIGNATURE		TITLE	
SECTION IV - DOC APPROVAL				
EXPENDITURES REASONABLE, APPROPRIATE _____		APPROVED BY:		
SIGNATURES CORRECT _____				
CONSISTENT WITH PRECEDING REQUESTS& SABHRS _____		TITLE:		
BUDGET AMENDMENT APPROVED _____		DATE:		