



NJ Child Care Facilities Improvement Program – Phase 1

CONSTRUCTION REQUISITION FORM

INSTRUCTIONS:

1. Please review the ACH Instructions below for accuracy and initial where indicated.
2. The aggregate amount of the requested disbursement per contractor must not be less than \$10,000 unless specifically approved by the New Jersey Economic Development Authority (“NJEDA”) in advance of submitting the requisition request.
3. The contractor/subcontractor will be paid directly through ACH payment.

ACH INSTRUCTIONS:

NJEDA is instructed and authorized to transfer funds electronically to the grantee using the information detailed below. If NJEDA is unable to transfer funds electronically a paper check will be mailed to the address listed below.

GRANTEE:

Contractor Name:	1)	2)	3)
Last 4 Digits of Contractor’s Bank Account Number:			
Amount:			
Initial:			

Contractor Name:	4)	5)	6)
Last 4 Digits of Contractor’s Bank Account Number:			
Amount:			
Initial:			

CERTIFICATION

The undersigned, a duly authorized representative of Grantee, hereby certifies to the Authority on his/her behalf and on behalf of payee, that:

1. This requisition, and or all requisitions previously disbursed to or on behalf of the Grantee, have been expended to pay for the costs of the Project and not for any other use or purpose.
2. The work and expenses covered by this requisition have been or will be performed and incurred towards completion of the Project in accordance with the grant documents.
3. To the best of the undersigned knowledge, information and belief, the remaining, undisbursed portion of the Grantis sufficient to complete the Project.
4. The expenses covered by this requisition do not duplicate benefits received under any other program, insurance, or any other source for the same purpose in accordance with the grant documents.



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Capitalized terms used in this Certification shall have the same meaning as ascribed to them in the Agreement documents that relate to the Grant unless expressly indicated otherwise. Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Your signature below shall serve as evidence that the Grantee also agrees to be bound by electronic signatures.

Total Amount of Grant:

Total Amount this Payment:

Total Amount of Prior Payment(s):

Total Grant Funds Remaining:

Total Grant Funds Remaining Percentage:

Total Construction Funds Remaining Percentage:

Authorized Representative Name:

Title:

Date:

Signature:

**DO NOT WRITE BELOW THIS LINE – FOR USE BY NEW JERSEY ECONOMIC DEVELOPMENT
AUTHORITY ONLY**

Grantee Name:	Product Number:
Closing Date:	Fund:
Reviewed by:	Approved by:
Officer:	Officer:
Date:	Date: