

**DESIGNATION OF DEPOSITARY FORM
and
EMPLOYER IDENTIFICATION NUMBER**

STATE OF TENNESSEE, DEPARTMENT OF ECONOMIC AND COMMUNITY
DEVELOPMENT DESIGNATION OF DEPOSITARY FOR DIRECT DEPOSIT OF
CONTRACT FUNDS

SECTION 1 (To be Completed by Recipient Organization)

NAME OF PROJECT: (1) _____

The (2) _____
(Name, address and Zip Code of Bank)

has been designated as the depository for all funds to be received directly from the State of Tennessee Department of Economic and Community Development for the above name project. These funds will be deposited in Account Number (3) _____.

Employer Identification Number (4) _____

(5) _____ (6) _____
(Name of City/County) (Address and ZIP Code of City/County)

(7) _____ (8) _____ (9) _____
(Title of Authorized Official) (Signature of Authorized Official) (Date)

SECTION II (To be Completed by the Depository) The account identified in Section I has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will legally enable this depository to receive checks directly from the State of Tennessee for deposit to:

(10) _____
(Name of Bank and Account Number)

without the payee's endorsement have been received and are in this depository's custody. The depository's deposits are insured by (11) _____.

(12) _____ (13) _____
(Name of Bank) (Address and ZIP Code where checks should be mailed)

The Depository hereby agrees to immediately notify the Recipient organization when a deposit is made in the above account.

(14) _____ (15) _____ (16) _____
(Name & Title of Authorized Bank Officer) (Signature of Authorized Bank Officer) (Date)

(Please Type or Print)

INSTRUCTIONS

Block Number

1. Enter name of Community.
2. Enter complete address of Community.
3. Enter number on your contract with the State. If not yet assigned, leave blank.
4. Enter name and phone number of the contact person in your Community.
5. Enter typed names and signatures of the persons authorized to sign Request for Payment of FIDP Funds. It is recommended that four signatures be shown to permit flexibility in making drawdowns.
6. Enter date and signature of local elected official duly authorized to certify signatures in blocks 5.

The elected official who signs in block 6 may not be one of the persons authorized to sign Request for Payment (persons listed in block 5). In other words, an elected official may not certify their own signature.

STATE OF TENNESSEE FIDP AUTHORIZED SIGNATURES

		Authorized Signatures for Requests for Payment on FIDP Account			
Contractor Name:		(1)	Address:		(2)
Contract Number:		(3)	Contact Person and Phone No.		(4)
TWO SIGNATURES ARE REQUIRED ON EACH REQUEST FOR PAYMENT SUBMITTED TO THE STATE					
Signatures of Individuals Authorized to Sign Requests for Payment					
Typed Name and Signature			Typed Name and Signature		
(5)			(5)		
Typed Name and Signature			Typed Name and Signature		
(5)			(5)		
I CERTIFY that the signatures above are of the individuals authorized to sign Requests for Payment.					
Date and Signature of Local Elected Official					
(6)					

**STATE OF TENNESSEE
REQUEST FOR PAYMENT of FIDP FUNDS**

A. General Information

1. Contractor	4. Contract Number:
	5. Amount of Request: \$
2. Bank Account Number:	6. Date of Request:
	7. Request Number:
3. Name/Address of depository: Zip:	8. Contact Person: Phone:

B. Line Items for which Funds Are Requested

	Total Project Costs (this request)	FIDP Costs (this request)
Construction	\$	\$
Construction Inspection	\$	\$
Engineering Design	\$	\$
Other Engineering Services	\$	\$
Legal Services	\$	\$
Appraisals	\$	\$
Acquisition	\$	\$
Clearance	\$	\$
Administration	\$	\$
Other (Specify)	\$	\$
Other (Specify)	\$	\$
TOTAL	\$	\$

C. ADMINISTRATIVE COST DETAIL

D. CERTIFICATION

I hereby state that I have included and attached all required documentation to support this Request. I have satisfied all related terms and conditions of the above cited Contract. I also state that the data reported above is correct and that the amount of this Request is not in excess of current needs.

Date	Signature
Date	Signature

FOR STATE USE ONLY:

Approval of Request for Payment

Initial Review _____ Date _____

Final Review _____ Date _____

DETAIL OF ADMINISTRATIVE COSTS

FOR THE MONTH(S) OF _____ TO _____

	<u>Task</u>	<u>Number of Hours Spent</u>	<u>Amount</u>
1.	<u>Project Files</u>		
	A. Set Up		
	B. Monthly Maintenance/Update		
2.	<u>Labor Compliance</u>		
	A. Request Wage Rate		
	B. 5-10 Day Cal		
	C. Attend Bid Opening/Prepare Minutes		
	D. Notice of Contract Award/Pre- Construction Conference		
	E. Coordinate and Conduct Pre- Construction Conference		
	F. Bid Advertisement Documentation for Files		
	G. Bid Tabulation Documentation for Files		
	H. Executed Bid Document/Specs including Insurance/Bonding - Documentation for Files		
	I. Contractor/Subcontractor Eligibility Verification		
	J. Notice to Proceed		
	K. Consultation with Engineer, State, Other Funding Agency		
	L. Release of Liens/Certificate of Completion/Final Inspection		

**STATE OF TENNESSEE
FASTTRACK INFRASTRUCTURE DEVELOPMENT PROGRAM
LINE ITEM BUDGET _____ YEAR**

Contractor Name and Address:	Contact Person-Address & Phone No.
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ORIGINAL _____ REVISION _____ No. _____	Date of Submission:
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LINE ITEM	TOTAL COSTS	FIDP COSTS
Construction	\$	\$
Construction Inspection		
Engineering Design		
Other Engineering Services		
Legal Services		
Appraisals		
Acquisition		
Clearance		
Administration		
Project Contingency		
Other (Specify)		
TOTAL COSTS		