



**Exhibit B.2  
REQUEST FOR FINAL PAYMENT**

<b>Contract Number:</b>		CFP _____	
<b>Awardee:</b>			
<b>Address:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Total CRD Award Amount:</b>	\$	<b>CRD Final Grant Expenditure</b>	\$
<b>Est. Original Total Project Cost:</b> <i>(located in CFP application)</i>	\$	<b>Final Project Cost:</b>	\$
<p><b>*If the final project cost is <u>less than</u> the original project cost estimate, please explain. Note:</b> <i>if the final project cost is less than original estimates at the time of approval, final payments must be approved by the CRD General Manager and may be proportionally reduced.</i></p>			
<b>Performance Start Date</b> <i>(located in CFP contract under 1.A)</i>		<b>Contract Termination Date</b> <i>(located in CFP contract under 1.A)</i>	
<b>Substantial Project Completion Date:</b>			

**Description of Final Project:** (Please include a narrative description of the final project, attach relevant photos, and any public relations information which may have been generated by the project).

**Invoice Summary:** In addition to the summary information below, please attach supporting invoices and receipts for CRD grant expenditures.

Invoice Date	Vendor	Brief Description of Work	Invoice Total

*I certify under penalty of perjury that the above listed costs are true and correct as described above.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*E-mail or Mail completed form to:*

[partnerfunding@crwcd.org](mailto:partnerfunding@crwcd.org)

CRWCD, 201 Centennial Street, Suite 200, Glenwood Springs, CO 81601

**FOR CRWCD Use Only:** **Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Approved:** \_\_\_\_\_