

Coronavirus Local Fiscal Recovery Fund - Request For Payment

1. General Information

Participant Name:	Town of McCordsville	Tax ID Number (9-digits):	35-1764621
DUNS Number:	782524578	Federal Congressional District (1-9):	6
NEU Recipient Number ¹ :	IN0282	Registered on SAM.gov:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	6280 W 800 N		
City:	McCordsville	State:	IN
		ZIP Code:	46055
Contact Person:	Staci Starcher	Contact Phone Number:	317-335-2810
		Contact Email Address:	sastarcher@mccordsville.org
Authorized Representative Name and Title (Chief Executive of Participant):	Barry A Wood	Authorized Representative Email:	bwood@mccordsville.org

Please provide the following bank information if you want funds directed to an account **other than** what is currently used for transfers to your community from the State Auditor

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

2. Verification of Allocation¹

a. Top Line 2020 Budget:	\$4,061,051
b. 75% of Top Line 2020 Budget:	\$3,045,788
c. US Treasury Allocation:	\$1,688,552.80

The US Treasury Allocation cannot exceed 75% of the Top Line 2020 Budget. Your Top Line Budget on the IFA Web Site was provided by the State's Department of Local Government Finance (DLGF) based upon your Form 4 - Budget Ordinance submitted to the DLGF. If line b above exceeds line c, attach your Form 4-Budget Ordinance that was submitted to the DLGF as Exhibit A to this Request Form. If line b above does not exceed line c, then please use your calculations to complete lines a and b and provide documentation of that calculation as Exhibit A to this Request for Payment.

3. Certification/ Signature

a. I have read and signed the attached <u>Exhibit B</u> hereto - the US Treasury Coronavirus Local Fiscal Recovery Fund Award Terms and Conditions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. I have read and signed the attached <u>Exhibit C</u> hereto - the US Treasury Coronavirus Local Fiscal Recovery Fund Assurances of Compliance with Civil Rights Requirements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Our Community has determined to <u>DECLINE</u> our US Treasury funding allocation, thereby cancelling the award in order for our community not to be responsible for their appropriate use and / or repayment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The undersigned hereby certifies under penalties of perjury that the above answers are true and accurate and I have been duly authorized to execute this Request for Payment.

By:

Printed:	Barry A Wood	Title:	Town Council President	Date:	8-10-2021
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Attested By (Chief Financial Officer-e.g. Clerk Treasurer)

By:

Printed:	Staci A Starcher	Title:	Clerk-Treasurer	Date:	8-10-2021
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For Internal Use Only:

Approved By:		Date:		\$		\$	
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Please return this Request and all supporting documentation to the Indiana Finance Authority

Via E-mail: COVID-19@ifa.in.gov; or

Via Regular Mail: Indiana Finance Authority, One North Capitol, STE 900 Indianapolis, IN

¹ This information can be obtained from the IFA Website