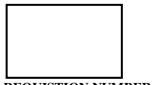


REQUEST FOR AGENCY APPROVAL OF DEVELOPMENT EXPENDITURE EXCEEDING \$25,000 AND REQUEST TO WITHDRAW FROM ESCROW



REQUISITION NUMBER
 MULTI-PAYMENT REQUEST
 DCE

INSTRUCTIONS EXHIBIT III (Page 1 Of 2)

This form is to be used to obtain Agency approval of all expenditures, proposal, and contracts exceeding \$25,000 and/or requests to withdraw funds from Escrow. All of the documents and information requested below must be completed and /or provided by Development's Manager or Owner at the time of submission. Sign your name, title, and send all approval requests to the attention of your assigned Housing Management Officer c/o NJHMFA 637 South Clinton Avenue P.O. Box 18550, Trenton, NJ 08650-2085.

NOTE: INCOMPLETE SUBMISSIONS WILL BE RETURNED WITH REVIEW.

TO: _____, Hsg. Mgt. Officer **FROM:** _____

HMFA #: _____ **DEVELOPMENT:** _____

(A.) REASON FOR EXPENDITURE: _____

(B.) VENDOR/CONTRACTOR SELECTED: _____ **THIS REQUISITION** \$ _____

(C.) SOURCE(S) OF FUNDING: CURRENT BALANCE

Operating Account..... \$ _____

R&R Escrow Acct. Bal. \$ _____ as of ____ / ____ / ____ \$ _____

Other Source: _____ \$ _____

DAG Action Required: DAG Approved Total \$ _____

(D.) CHECKLIST FOR ENCLOSED ATTACHMENTS & SUPPORTING DOCUMENTATION:
 ALL \$25,000 EXPENDITURES AND/OR CONTRACTS

		Owner/Agent Initials	HMO Review
____ 1.	Competitive Prices: Obtained and detailed on "Schedule A", Page 2	1. _____	_____
____ 2.	Reason for selection of Vendor/Contractor: If other than lowest quote, attach explanation	2. _____	_____
____ 3.	If Emergency Expense: Written report to Owner and Agency attached	3. _____	_____
____ 4.	Insurable Loss: (attach proof of loss)	4. _____	_____
____ 5.	R&R Expense: If to be charged against R&R Escrow Account include most approved R&R schedule and indicate current balance.	5. _____	_____
____ 6.	Certification and Questionnaire: From the selected vendor (If over \$25,000) attached.	6. _____	_____
	<u>CONTRACTS ONLY</u>		
____ 7.	Standard AIA Contract form: Used if applicable.	7. _____	_____
____ 8.	Start and completion Date: Stated in contract	8. _____	_____
____ 9.	Thirty-day Cancellation Clause: Included in contract	9. _____	_____
____ 10.	Warranties and Guarantees: Included in contract	10. _____	_____
____ 11.	Certificated of Insurance: Naming development as Certificate Holder is enclosed	11. _____	_____
____ 12.	100% Construction Completion bond Guarantee: (If applicable)	12. _____	_____

(E.) AUTHORIZATIONS:

	Approval to Proceed	Request for Payment		
	<u>Signature</u>	<u>Date</u>	<u>Signature</u>	<u>Date</u>
____ 13.	Owner of Agent	_____	_____	_____
____ 14.	Housing Mgt. Officer	_____	_____	_____
____ 15.	Tech. Serv. Div. (when applicable)	_____	_____	_____
____ 16.	Asset Manager	_____	_____	_____

NOTE: TO MANAGER AND OWNER

- (A) No work should be authorized until contract is executed and returned to Agency.
- (B) When approved by the Agency this form will be returned to you and should be attached to invoice in your paid file or attached to contract.

FOR AGENCY USE ONLY

EXPENDITURE REVIEW STATUS: **PAYABLE TO:** _____

APPROVED SUBJECT TO

REJECTED **DATE:** ____ / ____ / ____

RETURN/INCOMPLETE INFO **RETURN TO:** _____

COMMENTS: _____

(F.) "SCHEDULE A" COMPARATIVE ANALYSIS OF PROPOSALS

- 1.
- 2.
- 3.

OWNER/AGENT STATEMENT

(G.) REQUEST FOR PAYMENT OF: ESCROW FUNDS

19. I have reviewed the materials received and/or the work performed and determined that it is in accordance with the Agency's original expenditure and/or contract approval. I have also found the materials, services and/or work performed to be satisfactory in both quality and quantity.

20. I have reviewed all invoices, contracts and billings for arithmetical accuracy and checked all items billed against receiving slips for quality, quantity and price concurrence with the original quote and Agency Expense Approval per page #1.

21. In the event that the materials delivered, price or services rendered differ from the original quote or proposal and the Agency's approval I have attached: (A) and approved change order to the invoice or (B) a written explanation of the reason for a scope of the departure for the Agency's consideration.

22. ORIGINAL PAID invoice and copy of CANCELED CHECKS or
 ORIGINAL UNPAID invoice in the TOTAL AMOUNT OF \$ _____ are attached in support of this request.

23. PLEASE MAKE: _____ ESCROW CHECK PAYABLE TO: _____
 Operating Account# _____
 Vendor: _____

24. THE STATEMENTS CONTAINED IN PART (G) ABOVE HAVE BEEN COMPLIED WITH AND ARE TO THE BEST OF MY KNOWLEDGE FACTUAL AND CORRECT
(signed) _____ Date: _____
Managing Agent

(H.) REQUEST FOR WITHDRAWAL OF: ESCROW FUNDS

25. Is for items covered by the R&R Account; DCE; CDE; PCE.
If items covered by DCE, CDE or PCE – approval required by Financial Support: _____

26. Is being processed as a loan from the R&R Account.

27. Is for insurance or warranty claim item and a tickler file has been established to assure insurance proceeds are re-deposited back into the R&R account.

28. Withdrawal of insurance claim proceeds: previously deposited in R&R Escrow Account
 Paid, Unpaid original invoices; have been verified and are attached:

29. Invoice # _____, Invoice # _____, Invoice # _____
\$ _____, \$ _____, \$ _____

30. Housing Management Officer _____ Date _____

31. Asset Manager _____ Date _____

(I.) PLEASE PAY

All above questions or statements have been completed, supplemental explanations have been received and disbursement is recommended in the AMOUNT OF: _____
MAKE CHECK PAYABLE TO: _____

(J.) FOR USE OF ESCROW SECTION, FINANCE DIVISION

- Invoices attached appear correct – OK to pay.
- Funds are available.
- Funds are not committed elsewhere.

CHECK SIGNED AND MAILED _____ / _____ / _____

TO: _____

Copy to: Housing Management Officer
 Director of Finance

DISPOSITION

Date _____