**Combined Heat and Power Grant Program**

**Performance Disbursement Request**

**Part 1: Grantee Information**

|  |  |
| --- | --- |
| **MEA Grant Number\*** |  |

*\*The number specified in the Grant Agreement (e.g. 2021-00-456S2)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grantee Name** | | | | **Federal Tax ID** | |
|  | | | |  | |
| **Grantee Address as Reported on IRS Form W9** | | | **City** | | |
|  | | |  | | |
| **State** | **Zip Code** | **County** | **Congressional District\*** | | **MD Legislative District\*** |
|  |  |  |  | |  |
| **Contact Name** | | | **Contact Title** | | |
|  | | |  | | |
| **Phone Number** | | | **Email Address** | | |
|  | | |  | | |

*\*Find your Congressional and MD Legislative Districts at* [*www.mdelect.net*](http://www.mdelect.net)

**Part 2: Disbursement Amount & Signature**

|  |  |  |
| --- | --- | --- |
| **Total Grant Amount *(As indicated in Section 3 of the Grant Agreement)*** | **Minus Groundbreaking and Commissioning Disbursements** | **Equals Final Disbursement Request from MEA** |
| **$** | **- $** | **= $** |

By signing this invoice, I affirm that: (a) the Grantee has successfully submitted four (4) consecutive Quarterly CHP Performance Workbooks (available on the [MEA CHP webpage](https://energy.maryland.gov/business/Pages/MEACHP.aspx)[[1]](#footnote-1)) which collectively demonstrate that the CHP system operates at the minimum annual fuel use efficiency required by the Grant Agreement, and (b) all activities funded through the Program award have been completed in compliance with section 9-20B-05 of the State Government Article which requires that at least 80% of workers participating in a project or program that receives money from the Strategic Energy Investment Fund ("SEIF") must reside within 50 miles of the project or program. As the SEIF funds a statewide program, MEA will determine compliance based on whether at least 80% of workers participating in a SEIF-funded project reside in Maryland, or within 50 miles of Maryland’s borders. In addition, and if applicable to my organization, I affirm that this project also complies with §14-416 and §17-303 of the State Finance and Procurement Article.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of Authorized Representative** | | | OFFICIAL USE ONLY | |
| **X** | | | ☐ | OK TO PAY |
| AMOUNT: |  |
| **Printed Name** | **Title** | **Date Signed** |  | |
|  |  |  | MEA PM APPROVAL  SIGNATURE | |

**Part 4: Project Site Address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Site Name** | | | | |
|  | | | | |
| **Project Site Address** | | | **City** | |
|  | | |  | |
| **State** | **Zip Code** | **County** | **Congressional District\*** | **MD Legislative District\*** |
| MD |  |  |  |  |

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**SUBMIT THIS COMPLETED PERFORMANCE DISBURSEMENT REQUEST FORM TO MEA AT** [**CHP.MEA@MARYLAND.GOV**](mailto:CHP.MEA@MARYLAND.GOV)**.**

1. <https://energy.maryland.gov/business/Pages/MEACHP.aspx> [↑](#footnote-ref-1)