**Notice of Obligation to Reimburse Grantee**

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO: Grantee Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FROM: Department Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBJECT: Notice of Obligation to Reimburse Grantee**

**Project Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the designated representative of the Department for Grant Agreement number \_\_\_\_\_\_\_\_\_\_\_\_\_entered into between Grantee and the Department, I certify that the Grantee has submitted to the Department the following third party obligation executed, in writing, by the third party’s authorized representative:

Third Party Obligation (includes purchase orders and contract) #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor or Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Party Obligation Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the State is issuing this Notice of Obligation to Reimburse Grantee for permissible purposes within the scope of the project description, subject to all the terms and conditions of the above referenced Grant Agreement.

Grant Amount adjusted for AIPP if applicable: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Amount of this Notice of Obligation to Reimburse: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Total Amount of all Previously Issued Notices of Obligation: \_$ \_\_\_\_\_\_\_\_\_\_\_\_

The Total Amount of all Notices of Obligation to Reimburse as of this Date:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_