

**OLDER AMERICANS ACT & OPI**  
Request for Payment to Meet Working Capital Needs

AAA District Number: \_\_\_\_\_

For the Period Ending: **March 31, 2009**

Approved By: \_\_\_\_\_

AAA District Name: **0** \_\_\_\_\_

Date: **December 24, 2009**

Date Funds Needed By: **April 21, 2009**

Prepared By: \_\_\_\_\_

Phone: \_\_\_\_\_

CASH REQUEST WORK AREA								
	III - B Supportive Services	III - C1 Congregate Meals	III - C2 Home-Delivered Meals	III - D Preventive Health	III - E Family Caregiver Support	VII - B Elderly Abuse Prevention	OPI Oregon Project Independence	TOTAL RESOURCES
<b>Estimate for Administrative Expenses</b>	\$3,067				\$541		\$2,263	\$5,871
<b>Estimate for Program Expenses</b>	\$27,601			\$2,006	\$4,867		\$20,363	\$54,837
<b>Total Estimated Expenses</b>	\$30,668	\$0	\$0	\$2,006	\$5,408	\$0	\$22,626	\$60,708

Working capital payment is needed for the following purpose:

To cover vendor payments & payroll accrued through 03/20/09

Payment is requested in the amount of: **\$60,708** on or before **April 21, 2009**.

I certify that the funds requested are necessary to meet normal agency on-going working capital needs through the date indicated above, and that, to the best of my knowledge, will not result in a cash surplus. I further certify that these funds will be expended only in the programs specified above.

**December 24, 2009**

\_\_\_\_\_  
SIGNATURE TITLE DATE