

**Attachment 1b**

**REQUEST FOR REIMBURSEMENT ON BROWNFIELD REVOLVING LOAN FUNDS (BRLF)**

<b>RECIPIENT ORGANIZATION</b>  Name:  Number and Street:  City, State and Zip Code:		<b>PAYEE</b> (Where check is to be sent if different from recipient)  Name:  Number and Street:  City, State and Zip Code:		
<b>TYPE OF PAYMENT REQUESTED</b> FINAL <input type="checkbox"/> PARTIAL <input type="checkbox"/>		<b>PERIOD COVERED BY THIS REQUEST</b> FROM (month, day, year)      TO (month, day, year)		
<b>COMPUTATION OF AMOUNT OF REIMBURSEMENTS REQUESTED</b>				
Activities	(a)	(b)	(c)	<b>TOTAL</b>
Total outlays to date	\$	\$	\$	\$
Non-BRLF share of amount				
BRLF share of amount				
BRLF payments previously requested				
BRLF share now requested				