# ATTACHMENT A

# **FUNDING REQUEST AND DIRECTION**

(Attachment to Appendix D-4, Beneficiary Eligible Mitigation Action Certification, pursuant to Paragraph 5.2 of the Environmental Mitigation Trust Agreement)

	under the Mitigation Trust, [Lead Agency] directs the
	ents from its subaccount no to the ecified on the dates specified below.
mowing payees, for the amounts sp	ectifed on the dates specified below.
LEAI	O AGENCY INFORMATION
Beneficiary Name:	Lead Agency Contact Person:
Lead Agency Name:	Lead Agency Email Address:
Lead Agency Address:	Lead Agency Fax:
r 1 A DI	
Lead Agency Phone:	Lead Agency TIN:
Contact information entered above m	nay correspond to Lead Agency or any authorized person wit t the Trustee delivered to the Trustee pursuant to a Delegatio
Contact information entered above melegation of such authority to direct f Authority and Certificate of Incum	nay correspond to Lead Agency or any authorized person wit t the Trustee delivered to the Trustee pursuant to a Delegatio
Contact information entered above melegation of such authority to direct f Authority and Certificate of Incum	nay correspond to Lead Agency or any authorized person wit the Trustee delivered to the Trustee pursuant to a Delegation bency  TION ACTION INFORMATION
Contact information entered above melegation of such authority to direct f Authority and Certificate of Incum	nay correspond to Lead Agency or any authorized person with the Trustee delivered to the Trustee pursuant to a Delegation bency  FION ACTION INFORMATION  Funding Request No:

# PAYMENTS REQUESTED

(attach additional pages if needed)

Amount	<b>Requested Date</b>	Payee	Request Type

PAYEE CONTACT AND WIRE INFORMATION

(fill out both tables below for each payee and payment identified in "Payments Requested" table on p. 1; attach additional pages if needed)

	Payee Con	ry Project ID:  ntact Person:  nail Address:	
	Payee Em		
		ail Address:	
	Dovos For		
Payee Phone:		Payee Fax:	
<b>Payment Amount</b>	Requested Date	Request Type	
	WIDE INCODA A TIO	N.T.	
Name:	WIRE INFORMATIO	N	
Address:			
::	(Sort Code, 1	BLZ)	
ee:			
Receiving ————			
structions:			
	Name: Branch: Address:	WIRE INFORMATIO  Name:  Branch:  Address:  National Ro Bank ABA N (Sort Code, 10):  Eee:  Receiving	WIRE INFORMATION  Name: Branch: Address:  National Routing No. / Bank ABA Number (Sort Code, BLZ)  Elections  Receiving