

**APPENDIX B:
SCHEDULE OF PAYMENTS**

The maximum amount payable under this Contract is XXXXX XXXXX (\$XX,XXX).

The payments to the Contractor by the Commissioner of DoAg shall allow for use of funds to meet allowable financial obligations incurred in conjunction with this Project *prior to* XXXXX, XX, XXX, provided that the total sum of all payments shall not exceed the maximum Contract amount noted above. No additional funds will be awarded for this project.

This is a cost reimbursement grant and expenses will be reimbursed to the Contractor on a quarterly basis and will be paid per actual expenditures in the previous quarter.

Funds must be requested through submission of a Reimbursement Request Form. The Reimbursement Request Form must accompany a invoice. This form can be obtained at www.CTGrown.gov/SCBGsubrecipient.

Invoices are due within 30 days after the close of each quarter and must include

1. Project Title and contact name
2. State of Connecticut Purchase Order number (last four digits)
3. Reference Specialty Crop Block Grant FYXX (SCBG FYXX)
4. Reference the quarter the payment is being requested for and the amount
5. Mailing address, contact name, and information

If at any time, it is determined federal funds have been misappropriated, the sub recipient may be required to return the amount misappropriated.