

County of Summit CDBG Program – Request for Payment

- 1.) SUBRECIPIENT: _____ 2.) PROJECT: _____
- 3.) PROGRAM YEAR: _____ 4.) CDBG FUNDS AWARDED FOR PROJECT (program year only): _____
- 5.) LOCAL FUNDS BUDGETED FOR PROJECT (program year only): _____
- 6.) PERIOD COVERED BY THIS REQUEST: FROM: _____ TO: _____
- 7.) TOTAL PAYMENT REQUEST FOR THIS PERIOD (This amount must match the total listed in Column B): _____

8.) TOTAL LOCAL FUNDS EXPENDED THIS PERIOD:

9.) TOTAL LOCAL FUNDS EXPENDED:

10.) CDBG FUNDS EXPENDED THIS BILLING PERIOD (Reimbursement Request)	
(A) Item Description	(B) Item Cost
TOTAL:	

11.) PREVIOUS REQUESTS FOR PAYMENT (List only requests made for this program year)		
Date of Previous Request(s)	Period Covered	Amount of Request
TOTAL:		

TOTAL CDBG FUNDS AWARDED FOR PROJECT (Line 4)	\$ _____
TOTAL CURRENT REQUEST: (Total from Item 10)	\$ _____
TOTAL PREVIOUS REQUESTS: (Total from Item 11)	\$ _____
TOTAL REMAINING BALANCE:	\$ _____

CERTIFICATE: I certify that this claim is for authorized expenditures incurred pursuant to this grant project and the appropriate supporting documentation is attached.* I further certify that financial records, supporting documents, statistical records, and all other records pertinent to this grant project shall be retained for a period of three (3) years according to regulations contained in CFR 570.502(b)(3), 24 CFR 85.42, and OMB Circular A-110, Attachment C.

*Appropriate supporting documentation includes copies of bills/invoices and proof of payment in the form of CANCELLED checks.

Signature: _____ Date: _____

Name (Please Print): _____ Title: _____

For County Use Only:

P.O. Number: _____ Reviewed/Approved By: _____ HUD Number: _____

Invoice Number: _____ Date: _____

Payment Authorized By: _____ Date: _____