

REQUEST FOR PAYMENT OF CDBG FUNDS

CFDA 14.228

PART I: REQUEST FOR PAYMENT INFORMATION

GRANTEE - NAME _____ GRANT NO. _____
 STREET ADDRESS _____ REQUEST NO. _____
 PO BOX _____
 CITY, STATE, ZIP _____

Grantee's - E-mail address for notifying about ACH deposit _____
 Administrator - E-mail address for notifying about ACH deposit _____

PART II: STATUS OF CDBG FUNDS

AMOUNT

1	PAYMENT DUE & AMOUNT OF THIS REQUEST	_____
2	CDBG GRANT AWARD	_____
3	PROGRAM INCOME AND OTHER RECEIPTS	_____
4	TOTAL FUNDS (2 + 3)	_____
5	CDBG FUNDS RECEIVED TO DATE	_____
6	TOTAL (1 + 5)	_____
7	REMAINING CDBG FUNDS (4 - 6)	_____

PART III: CERTIFICATION

I HEREBY CERTIFY THAT THE DATA REPORTED ABOVE IS CORRECT AND THAT THE AMOUNT REQUESTED IS NOT IN EXCESS OF CURRENT NEEDS

DATE _____ SIGNATURE _____ TITLE _____
 DATE: _____ SIGNATURE _____ TITLE _____

PART IV: APPROVAL (FOR KANSAS DEPT. OF COMMERCE USE ONLY)

CDBG APPROVAL:

1. CONTRACT TERMINATION DATE: _____
2. AUTHORIZED SIGNATURE: _____
3. MONITORING RESOLUTION: CURRENT / PAST DUE / NA
4. QUARTERLY PROGRESS REPORTS: CURRENT / PAST DUE

FIELD REPRESENTATIVE _____ DATE _____

FISCAL _____ DATE _____

Kansas Department of Commerce
 Small Cities Community Development Block Grant