

Rhode Island Community Development Block Grant Request for Payment (Version 2019.01)

Request No.: _____

Contract No.: _____

Grantee Name: _____

Grantee Address: _____

Current Approved CDBG Budget	\$		A
Total Program Income Received	\$		B
Total Funds Available	\$		A + B
Program Income Spent	\$		D
Prior CDBG Requests	\$		E
Requested this Payment	\$		F
Total CDBG Funds Requested	\$		D + E + F

I certify that this request for payment has been drawn in accordance with the terms and conditions of the above mentioned Contract Agreement. I also certify that the data reported in this request is correct and that the aggregate amount of the Request for Payments and Program Income received is not in excess of the Total Expenditures to Date.

Name

Title

Signature

Date

For Office Use Only

Approved by:

Laura Sullivan, Assistant Chief

Name

Signature

Date

Michael Tondra, Chief

Name

Signature

Date

Date Rec'd

Invoice #