City of Woodland

COMMUNITY DEVELOPMENT BLOCK GRANT

PROGRAM YEAR 2012-2013
REQUEST FOR FUNDS

CDBG subrecipients must fill out this form and submit it to the City of Woodland's CDBG Coordinator for timely processing of requests for funds. As requests for funds are typically processed not more than bi-weekly, please allow 2-4 weeks for receipt of reimbursement checks. (Note: City finance policy—please identify due date or request will be processed 30 days later.)

AMOUNT OF REIMBURSEMENT REQUEST	**$**
REIMBURSEMENT MONTH/PERIOD	
NAME OF ORGANIZATION	
NAME OF CDBG PROGRAM OR PROJECT	
MAILING ADDRESS FOR PAYMENT	
CONTACT PERSON	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
FINAL REIMBURSEMENT? (CHECK ONLY IF THIS IS YOUR FINAL REQUEST FOR THE GRANT YEAR)	

- **SUMMARY OF REIMBURSEMENT REQUESTED**—Provide a description of how grant funds were used and an itemized breakdown of the total amount being requested using the following table (attach additional sheets if necessary):

ITEM/DESCRIPTION *	COST

* Attach all pertinent invoices, receipts, time cards, statements, and other supporting documentation for your Request for Funds. Requests will not be processed by the City without all proper documentation attached. The subrecipient will be notified if backup information is missing.

- **GRANT FISCAL SUMMARY**—Fill in the following table using your general budget information:

REIMBURSEMENT AMOUNT REQUESTED THIS PERIOD	
***ORIGINAL* GRANT AWARD (TOTAL CONTRACT AWARD AMOUNT)**	
TOTAL GRANT AWARD EXPENDED TO DATE	
REMAINING BALANCE OF GRANT AWARD	

- **SUBRECIPIENT/SUBGRANTEE CERTIFICATION**:
  I hereby certify that to the best of my knowledge and belief that all expenditures reported above for reimbursement by the City of Woodland represent true and accurate accounting of expenditures incurred during the period and that these costs are eligible under the Housing and Community Development Act of 1974 as amended and consistent with our agreement with the City of Woodland.

_____

Signature of authorized official

_____

Printed name and title of authorized official

_____

Date submitted

_____

Signature of individual who prepared request (if different from above)

_____

Printed name and title of individual who prepared request

IF YOU HAVE ANY QUESTIONS PLEASE CALL (530) 661-5921 OR EMAIL WENDY.ROSS@CITYOFWOODLAND.ORG