



**COMMUNITY DEVELOPMENT BLOCK GRANT
SUBRECIPIENT PAYMENT REQUEST**
FISCAL YEAR _____

AGENCY NAME:		CONTRACT #:	
PROJECT TITLE:			
PREPARER'S NAME:			
EMAIL:		PHONE:	

ACCOUNT SUMMARY:

Approved CDBG Budget:	
CDBG Reimbursements Received to Date:	
Pending Reimbursements to Date (including this invoice):	
Remaining CDBG Balance:	

CURRENT REQUEST	REIMBURSEMENT REQUEST #:	REPORT PERIOD: FROM:	TO:
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CDBG BUDGET LINE ITEM PER APPROVED CONTRACT <small>(list individual line item costs per approved budget)</small>	BUDGET AMOUNT	PREVIOUS REQUESTS	CURRENT AMOUNT REQUESTED FOR REIMBURSEMENT	REMAINING BUDGET BALANCE
PERSONNEL COSTS:				
Salaries				
Fringe Benefits				
Total Personnel Costs				
OPERATING COSTS: <small>(list individual operating line item costs)</small>				
Total Operating Costs:				
TOTAL (Personnel Costs + Oper. Costs):				

TOTAL PAYMENT REQUEST THIS INVOICE:	
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Corresponding back-up source documentation must be attached.

I CERTIFY THAT, (a) the City of Chino Hills, as grantee of the CDBG, has not previously been billed for the costs covered by this invoice, (b) funds have not been received from the Federal Government or expended for such costs under the terms of the contract agreement or grant pursuant to FMC-74-4 & 24 CFR Part 58; (c) all applicable provisions under the terms of the contract or grant relating to the payment of prevailing salaries and wages are in compliance; and (d) all applicable tax laws are complied with.

Preparer

Date

Signature of Authorized Approver

Date