

CDBG REQUEST FOR FUNDS

REIMBURSEMENT COVER

ORGANIZATION: _____

PROJECT NAME: _____

TOTAL REQUEST: _____

DATES OF SERVICE: _____

DRAW CONTACT: _____

TITLE: _____

EMAIL: _____

PHONE: _____

SALARY REIMBURSEMENT

Staff Person	Hourly Rate (with benefit load)	Total Hours Incurred	% of CDBG Time	Total CDBG Cost
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL				\$

PROJECT IMPLEMENTATION REIMBURSEMENT

Expense Category	Eligible Activity	Total CDBG Cost
		\$
		\$
		\$
TOTAL		\$

By signing this form, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

REIMBURSEMENT REQUEST VERIFICATION

I certify that the costs listed are eligible under the Subrecipient Agreement.

SUPERVISOR VERIFICATION

I certify that the time sheets referenced on this form are accurate for this time period.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____



HOUSING AND COMMUNITY DEVELOPMENT
EMAIL: monitoring@cityofboise.org