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 information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812. ***per 2 CFR 200.415(b) for Subrecipients of Federal awards***

REIMBURSEMENT REQUEST VERIFICATION

I certify that the costs listed are accurate for the time period and eligible under the Subrecipient Agreement.

SIGNATURE: _____
PRINTED NAME: _____
TITLE: _____
DATE: _____

Form revised January 2026

HOUSING AND COMMUNITY DEVELOPMENT
EMAIL: monitoring@cityofboise.org