

City of Albany

Community Development Block Grant Program

Subrecipient Payment/Reimbursement Request

Subrecipient Name: _____ Date: _____

Mailing Address: _____

Duns #: _____ Federal Identification Number (EIN#): _____

If you are requesting payments for more than one CDBG activity, please use a separate form for each activity. **Please attach a summary page totaling all expenses being requested with this payment and all necessary supporting documentation of expenditures. Questions about the form, please call Anne, 541-917-7560.**

Program Year Funds Granted	
Activity Name (Refer to the Grant Agreement)	
Total Original CDBG Budget (Initial grant award)	\$
Total Amount Reimbursed by the City to Date (Do not include the amount being requested here)	\$
Unexpended CDBG Fund Amount (Do not include the amount being requested here)	\$
Total Amount of This Payment Request	\$
Dates Costs Incurred for This Payment Request	Between (Date) ___/___/___ And (Date) ___/___/___
CDBG Fund Balance for This Activity (after this reimbursement)	\$ _____ (If you get a negative balance, you are over your approved CDBG budget. Either reduce your requested amount or contact the City for consideration of a possible budget amendment before submitting your payment request)
Quarterly Match Provided to Deliver Services/Program	\$ _____. Please describe program match:
Quarterly Report Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, payment may be delayed)

Preparer's Name (Print): _____ Signature: _____

Subrecipient Authorizing Officer Signature: _____ Date: _____

This Section to be completed by the City of Albany:

Account Code(s): _____

CDBG Manager Approval: _____ Date: _____

Planning Manager Approval: _____ Date: _____