

# Form 4-1: CDBG Payment Request Form

CDBG Project Number #:	Drawdown Request #:
Subgrantee: Address: City, St, Zip:	Date:

Cost Classification	CDBG Budget Amounts	CDBG Funds Received To Date	Amount of This Request	Balance Remaining
1. Administration Expense				
2. Land, Structure, Right of Way				
3. Architectural Engineering Basic Fees				
4. Other Architectural Engineering Fees				
5. Project Inspection Fees				
6. Site Preparation				
7. Relocation Expenses				
8. Demolition and Removal				
9. Construction and Project Improvement				
10. Other (Identify):				
<b>TOTALS</b>				

### CERTIFICATION

1. I hereby certify the CDBG amount does not exceed the \_\_\_\_\_ % of the total eligible project expenditures as stated in the grant agreement.
2. Based on the terms of the grant agreement, I request \$ \_\_\_\_\_ of CDBG funds.
3. Percentage of Physical Completion of Project is \_\_\_\_\_ %.
4. I declare and affirm under penalties of perjury that this payment request has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Signature of Authorized Certifying Official

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Date