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):				
TOTALS				

CERTIFICATION

1. 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 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 3801–3812.1.

_____
Signature of Authorized Certifying Official

_____ _____
Typed or Printed Name Date