

COMMUNITY DEVELOPMENT BLOCK GRANT
HUMAN SERVICE REQUEST FOR PAYMENT FORM

1. **AGENCY:** _____ 2. **ACCOUNT #:** _____
3. **PROJECT TITLE:** _____
4. **PROJECT YEAR:** _____
5. **REQUEST TOTAL:** \$ _____

6. **EXPENSE ITEMS:**

Please attach invoices and/or receipts to support the amount requested. Provide a breakdown of the items with the amount charged to the program. (Attach a separate sheet if necessary.)

7a. **ACCOMPLISHMENTS:**

Detail the program accomplishments, current status, and work performance to date.

7b. **SUMMARY OF THE RACIAL/ETHNIC STATUS OF PERSONS ASSISTED:**

	Race <u>Total</u>	Ethnic <u>Hispanic/Latino</u>
<u>Single-Race Categories</u>		
- American Indian or Alaska Native	_____	_____
- Asian	_____	_____
- Black or African American	_____	_____
- Native Hawaiian or other Pacific Islander	_____	_____
- White	_____	_____
<u>Multi-Race Categories</u>		
- American Indian or Alaska Native & White	_____	_____
- Asian & White	_____	_____
- Black or African American & White	_____	_____
- American Indian or Alaska Native & Black or African American	_____	_____
- Balance of individuals reporting one or more race	_____	_____
- Total	_____	_____

8. **CERTIFICATION:**

The individual signing this document certifies to the following statement: I have reviewed the payment request and find that to the best of my knowledge, the work has been satisfactorily completed in accordance with the provisions of the Community Development Block Grant Program, HUD regulations and all applicable federal and state laws.

PAYMENT AUTHORIZATION:

Executive Director Signature & Date

CONTACT PERSON & TELEPHONE: _____

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