CITY OF RIVERSIDE
DEVELOPMENT DEPARTMENT
CDBG SUB-RECIPIENT REQUEST FOR PAYMENT FORM A

Please complete this form and attach all required supporting documentation (including copies of account expenditure reports checks, payroll time sheets and logs, invoices w/attached receipts, vendor or contractor invoices, etc.)

Project Name: _____

Department Name: _____

Project Contact Person: _____ Phone# _____

Date: _____ P.O. # _____

Project Effective Dates: From: _____ To: _____
(MM/DD/YY) (MM/DD/YY)

Request for Period: From: _____ To: _____
(MM/DD/YY) (MM/DD/YY)

Contract Amount: $_____ Amount Reimbursed to Date: $_____

Balance of Funds Available: $_____ Current Amount Requested**:** $_____

Revenue Account #: _____

FOR CONSTRUCTION PROJECTS: IN ADDITION TO ABOVE, COMPLETE THE FOLLOWING:

Contractor's Name: _____

Contractor's Address: _____

Percentage of Work Completed: _____%

Your signature below certifies that your department has collected the contractor's weekly certified payroll Per Davis-Bacon Wage Act through the indicated request period above.

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I CERTIFY THAT, (a) the CITY OF RIVERSIDE, as grantee of the CDBG, has not previously been billed for the costs covered by this invoice, (b) funds have not been received from the Federal Government or expended for such costs under the terms of the Contract agreement or grant pursuant to FMC-74-4 & 24 CFR Part 58; (c) this agency is in full compliance with all applicable provisions under the terms of the Contractor grant; and (d) this agency is in full compliance with all applicable tax laws.

Name & Title: _____ **Phone:** _____

Signature _____

****PLEASE BE SURE TO KEEP COPIES OF THIS DOCUMENT AND ATTACHMENTS FOR AUDITING PURPOSES****

Development Department Use Only:

Audited by:_____ Approved by:_____ Authorized by:_____
Date: _____ Date: _____ Date: _____