

**CITY OF RIVERSIDE  
DEVELOPMENT DEPARTMENT  
CDBG REQUEST FOR PAYMENT FORM**

**Please complete this form and attach CDBG Reimbursement Request Form B all required documentation (including copies of checks, payroll time sheets and logs, invoices w/attached receipts, vendor or contractor invoices, etc.)**

Project Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Date: \_\_\_\_\_ P.O. # \_\_\_\_\_

Project Effective Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Request for Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Amount Expended to Date: \_\_\_\_\_  
(Prior to Current Amount Requested)

Balance of Funds Available: \_\_\_\_\_ Current Amount Requested: \_\_\_\_\_  
(PRIOR TO CURRENT AMOUNT REQUESTED)

Make Check Payable to: \_\_\_\_\_

**For Construction Projects, In Addition to Above Complete the Following:**

(Per Davis-Bacon Wage Act, please attach the contractor's certified payroll to request for payment):

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Percentage of Work Completed: \_\_\_\_\_

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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 \_\_\_\_\_

City of Riverside Use Only \_\_\_\_\_

Audited by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Authorized by: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF RIVERSIDE  
CDBG REIMBURSEMENT REQUEST FORM B**

**SUBRECIPIENT:**

**Request for Period:**

(mm/dd/yy) to (mm/dd/yy)

COST CATEGORY	TOTAL BUDGETED AMOUNT	CDBG BUDGETED AMOUNT	% CDBG COVERS	CDBG EXPENDED THIS PERIOD	CDBG EXPENDED YTD	*CDBG BALANCE
<b>1. STAFF COSTS</b>						
A) WAGES						
<i>Employee Name and Title:</i>						
<b>SUBTOTAL FOR WAGES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B) FRINGE BENEFITS						
FICA						
SUI						
Health/Life/Other						
<b>SUBTOTAL FRINGE BENEFITS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL STAFF COSTS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>2. SUPPLIES AND SERVICE COSTS</b>						
<b>CATEGORY</b>						
Space Rental						
Utilities						
Liability Insurance						
Worker's Compensation Insurance						
Other Insurance						
Consultant Services						
Travel						
Supplies						
Equipment						
Other						
Other						
<b>TOTAL SUPPLIES &amp; SERVICES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>3. TOTAL BUDGET OVERVIEW</b>						
<b>COST CATEGORY</b>						
PERSONNEL						
SERVICES/SUPPLIES						
<b>GRAND TOTALS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<p><b>Finance Use</b></p> <p><input type="checkbox"/> Funds Available</p> <p><input type="checkbox"/> Funds Not Available</p> <p>Verified By: _____</p> <p>Approved By: _____</p>	<p style="text-align: center;"><b>Departmental Approvals</b></p> <p>_____</p> <p>_____</p>
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