

# Rhode Island Community Development Block Grant Request for Payment (Version 2019.01)

Request No.: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

Grantee Address: \_\_\_\_\_

Current Approved CDBG Budget	\$		A
Total Program Income Received	\$		B
Total Funds Available	\$		A + B
Program Income Spent	\$		D
Prior CDBG Requests	\$		E
<b>Requested this Payment</b>	\$		F
Total CDBG Funds Requested	\$		D + E + F

I certify that this request for payment has been drawn in accordance with the terms and conditions of the above mentioned Contract Agreement. I also certify that the data reported in this request is correct and that the aggregate amount of the Request for Payments and Program Income received is not in excess of the Total Expenditures to Date.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**For Office Use Only**

<b>Approved by:</b>		
Name	Signature	Date
Name	Signature	Date
Date Rec'd	<b>Invoice #</b>	