



# City of Albany

## Community Development Block Grant Program

### Subrecipient Payment/Reimbursement Request

Subrecipient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

DUNS #: \_\_\_\_\_ Federal Identification Number (EIN#): \_\_\_\_\_

**Please attach a summary page itemizing all expenses included in this reimbursement request and all necessary supporting documentation of expenditures. Questions about the form, please call Anne, 541-917-7560.**

A. Grant Year and Activity Name <small>(Refer to the Grant Agreement)</small>	<b>PY:</b> <b>Activity:</b>
B. Total CDBG Award/Budget	\$ _____
C. Total of Prior Reimbursements on this grant <small>(Do <b>not</b> include the amount being requested here)</small>	\$ _____
D. Total Amount of This Payment Request	\$ _____
Description of Expenses incurred	
Dates Costs Incurred for This Payment Request	Between (Date) _____ and (Date) _____
CDBG Fund Balance for This Activity <small>(after this reimbursement; subtract C and D from B)</small>	\$ _____ <small>(If you get a negative balance, you are over your approved CDBG budget. Eligible expenses over budget will count as a program match.)</small>
Quarterly Match Provided (if any)	\$ _____. Describe any program match:
Quarterly Report Attached?	Yes      No <small>(If no, payment may be delayed)</small>

**I hereby certify that the information included in this Reimbursement Request is complete and accurate.** I agree to submit additional support documentation if requested by the City. I understand that the information provided to the City of Albany will become part of the public record and therefore will be open to public examination.

Preparer's Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Authorizing Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**This Section to be completed by the City of Albany:**

Account Code(s): \_\_\_\_\_

CDBG Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_