

CDBG REQUEST FOR FUNDS

REIMBURSEMENT COVER _____

ORGANIZATION: _____

PROJECT NAME: _____

DRAW CONTACT PERSON: _____

TITLE: _____

PHONE: _____

EMAIL: _____

DATES OF SERVICE: _____

TOTAL REQUEST AMOUNT: _____

SALARY REIMBURSEMENT

Staff Person	Hourly Rate (with benefit load)	Total Hours Incurred	% of Time CDBG Eligible	Total CDBG Cost
				\$
				\$
				\$
				\$
TOTAL				\$

PROJECT IMPLEMENTATION REIMBURSEMENT

Expense Category	Eligible Activity	Total CDBG Cost
		\$
		\$
		\$
TOTAL		\$

REIMBURSEMENT REQUEST VERIFICATION

I certify the information on this billing sheet is a true and correct record of expenses incurred and the costs listed are eligible under the subrecipient agreement.

SUPERVISOR VERIFICATION

I certify that the time sheets referenced in this reimbursement request are accurate for this time period.

SIGNATURE: _____

SIGNATURE: _____

PRINTED NAME: _____

PRINTED NAME: _____

DATE: _____

DATE: _____



HOUSING AND COMMUNITY DEVELOPMENT

PHONE: 208-570-6843

EMAIL: monitoring@cityofboise.org