

**Attachment A**  
**Reimbursement Request Form**  
Genesee County Community Development Block Grant (CDBG) Program

**I. PROJECT INFORMATION**

**DATE:** \_\_\_\_\_

Local Unit of Government Name: \_\_\_\_\_

Project/Activity Title: \_\_\_\_\_

Program Year: **2022**

Project Number: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**II. PROJECT FUNDING**

**2022** Project Funding Amount: \_\_\_\_\_

\$

Funds Previously Requested: \_\_\_\_\_

\$

Balance Remaining Prior to This Request: \_\_\_\_\_

\$

**III. CURRENT REIMBURSEMENT REQUEST**

Time Period of Expenditures for this Request: \_\_\_\_\_

**Total Reimbursement Request:** \_\_\_\_\_

\$

Balance Remaining After this Request: \_\_\_\_\_

\$

**IV. EXPENSE ITEMS:**

**Completion of All Sections in this Part is Mandatory**

<u>Use of Funds</u>	<u>CDBG Amount</u>	<u>Other Project Funds Amount</u>	<u>Other Project Source</u>
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
<b>TOTAL:</b>	\$	\$	

**V. PROJECT STATUS REPORT / PERFORMANCE REPORT**

The Project Status and Accomplishments Report is enclosed:

☐ YES   ☐ NO

**VI. AUTHORIZED SIGNATURE**

I certify that, to the best of my knowledge and belief, the billed costs of disbursements are in accordance with the terms of the project, scope of work and budget and that the reimbursement represents the federal share due, which has not been previously requested, and that an inspection has been performed and all work is in accordance with the terms of this grant.

Prepared by: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and Title

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Authorized Official