



**REQUEST FOR REIMBURSEMENT FORM
CDBG PUBLIC SERVICE ACTIVITIES**

Please complete this form and attach all required supporting documentation (including copies of account expenditure reports checks, payroll time sheets and logs, invoices w/attached receipts, vendor or contractor invoices, etc.). All payments will be made in accordance with City Council meetings. Payments may take up to 45 days to process.

CONTACT INFORMATION			
1. Name of Organization:			
2. Contact Person:			
3. Phone:		4. Date of Request:	
PROJECT INFORMATION			
5. Project (Fiscal) Year:	20	20	
6. Project Period:	Start:	End:	
7. Request for Period:	From:	To:	
8. Contract Amount:	\$		
REIMBURSEMENT DETAILS			
9. Amount Reimbursed to Date:	\$	10. Current Amount Requested:	\$
11. Describe the activity this reimbursement covers:			
12. Is this activity covered in the scope of work in your subrecipient agreement?		13. Percentage of Work Completed: %	
Yes	No		
14. Did these activities result in program income?	Yes If so, how much? \$	No	

DIRECT BENEFIT: Please report the demographic information of those served during the dates of service listed above. Please report in number of PEOPLE.

DO NOT COMBINE DATA FROM MORE THAN ONE ACTIVITY OR SERVICE DATES

DEMOGRAPHICS Race	Ethnicity		Income Level			
	Hispanic	Non-Hispanic	Very Low (0-30%)	Low (31-50%)	Moderate (51-80%)	Above L/M (81% +)
White						
Black/African American						
Black/African American & White						
Asian						
Asian & White						
American Indian or Alaskan Native						
American Indian/Alaskan & White						
American Indian/Alaskan & Black						
Native Hawaiian/Other Pacific Islander						
Other						
TOTALS						

Number of Female-headed households: _____ Percent as Low/Mod Income: _____ %

I CERTIFY THAT, (a) the CITY OF PASCAGOULA, as grantee of CDBG funding, 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 subrecipient grant agreement; and (d) this agency is in full compliance with all applicable tax laws.

Name and Title: _____

Signature: _____

For Department Use ONLY:			
Audited by:	_____	Approved/Authorized by:	_____
Date:	_____	Date:	_____