

**STATE OF TENNESSEE
REQUEST FOR PAYMENT AND STATUS OF CDBG FUNDS REPORT**

A. GENERAL INFORMATION

1. Contractor Name	4. Contract Number: _____
	5. Amount of Request: \$
2. Bank Account Number:	6. Date of Request: _____
	7. Request Number:
3. Name/Address of Depository:	8. Contact Person:
Zip:	Phone:

B. STATUS OF FUNDS

1. CDBG funds received to date	\$
2. Program income received	\$
3. Subtotal	\$
4. Funds disbursed to date	\$
5. Cash on hand at time of this request	\$
6. CDBG funds previously requested but not yet received	\$
7. Amount of this Request	\$

C. LINE ITEMS FOR WHICH FUNDS ARE REQUESTED

	Total Project Costs	CDBG Costs
	\$ _____	\$ _____
Construction	\$	\$
Construction Inspection	\$	\$
Engineering Design	\$	\$
Other Engineering Services	\$	\$
Legal Services	\$	\$
Appraisals	\$	\$
Acquisition	\$	\$
Relocation	\$	\$
Housing Rehabilitation	\$	\$
Housing Inspection	\$	\$
Clearance	\$	\$
Administration	\$	\$
Environmental Review	\$	\$
Tap Fees for LMI	\$	\$
Other (Specify	\$	\$
TOTAL	\$	\$

D. ADMINISTRATIVE COST DETAIL

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E. CERTIFICATION

I hereby state that I have included and attached all required documentation to support this Request. I have satisfied all related terms and conditions of the above cited Contract. I also state that the data reported above is correct and that the amount of this Request is not in excess of current needs.

Date:	Signature:
Date:	Signature:

FOR STATE USE ONLY:

Approval of Request for Payment

Initial Review _____ Date _____

Final Review _____ Date _____