

**EXHIBIT II-A
CDBG PROGRAM
REQUEST FOR REIMBURSEMENT - PUBLIC FACILITIES AND ECONOMIC DEVELOPMENT**

1. SEND TO:	2. TYPE OF PAYMENT ___ Reimbursement ___ Final BASIS OF REQUEST ___ Cash ___ Accrual	3. RECIPIENT ORGANIZATION (Name & Address)
4. PERIOD COVERED BY THIS REQUEST FROM: TO:	5. PAY REQUEST #	6. CONTRACT ENCUMBRANCE: #
7. PURPOSE FOR FUNDS REQUESTED (List Budget Category, Individual Project #, Amount, and Reimbursement)		

IF YOUR PROJECT HAS PROGRAM INCOME*, COMPLETE #9 BELOW BEFORE COMPUTING REIMBURSEMENT AMOUNT

8. COMPUTATION OF AMOUNT OR REIMBURSEMENT	
a. TOTAL CDBG EXPENDITURES AS OF DATE:	\$
b. LESS: PROGRAM INCOME - CASH ON HAND (BLOCK 9 BELOW)	\$
c. NET CDBG PROGRAM EXPENDITURES (LINE 8a MINUS LINE 8b.)	\$
d. ESTIMATE CASH REQUESTED TO PAY CURRENT EXPENSES:	\$
e. TOTAL (LINE 8c PLUS LINE 8d)	\$
f. TOTAL CDBG PAYMENTS PREVIOUSLY REQUESTED	\$
g. CDBG PAYMENT NOW REQUESTED (Line 8e minus line 8f should equal amount in block 7)	\$

#9 OF THIS FORM NEEDS TO BE FILLED OUT ONLY IF YOUR PROJECT HAS PROGRAM INCOME* WHICH IS SUBJECT TO CDBG REQUIREMENTS.

9. PROGRAM INCOME (subject to CDBG requirements)			AMOUNT EXPENDED SINCE BEGINNING OF QUARTER (Expenditure Categories)			
Quarterly Period End Date	Program Income on Hand at Start of Quarter	Program Income Received During Quarter	Expenditure of Program Income should be broken down into categories such as administrative, etc.			Program Income Currently on Hand
			a)	b)	c)	
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$	\$

10. FEDERAL EMPLOYER IDENTIFICATION #		Record in Line 8b *
11. CERTIFICATION I certify to the best of my knowledge and belief the data above is correct and that all expenditures were made in accordance with the grant requirements.	SIGNATURE OF AUTHORIZED OFFICIAL	DATE SUBMITTED
	NAME AND TITLE (Type or Print)	TELEPHONE #

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* If \$5,000 or less is on hand at the time of this action, there is no requirement to use the program income prior to drawing funds from the state. Refer to **SECTION II, FINANCIAL MANAGEMENT, Part V, Part VI, and/or Part VII**, for guidance on Program Income.

MONITOR'S SIGNATURE/APPROVAL

EXHIBIT II-A-1

**REQUEST FOR REIMBURSEMENT - DIVISION OF HOUSING
CDBG PROGRAM**

1. MAIL 3 COPIES (ORIGINAL SIGNATURES) SEND TO: Your Asset Manager Colorado Division of Housing 1313 Sherman Street, Room 518 Denver, CO 80203	2. TYPE OF PAYMENT (circle one) <u>Advance</u> <u>Reimbursement</u> <u>Final</u>	3. RECIPIENT ORGANIZATION (Name and Address)
4. PERIOD COVERED BY THIS REQUEST FROM: TO:	5. PAYMENT REQUEST #	6. CONTRACT ENCUMBRANCE NUMBER:
7. PURPOSE FOR GRANT FUNDS REQUESTED. List by Activity, Budget Category and Amount.		
8. COMPUTATION OF AMOUNT OF REIMBURSEMENT REQUESTED		
a. TOTAL CDBG EXPENDITURES AS OF DATE:	\$	
b. TOTAL CDBG PAYMENTS PREVIOUSLY REQUESTED	\$	
c. CDBG PAYMENT NOW REQUESTED (Line 8a Minus Line 8b)	\$	
9. CERTIFICATION. I certify to the best of my knowledge and belief the data above is correct and that all expenditures were made in accordance with the grant requirements. SIGNATURE OF AUTHORIZED OFFICIAL NAME AND TITLE (Type or Print) DATE SUBMITTED: _____ Name & Telephone Number of Person Completing Report if Different		

EXHIBIT II-A-1

INSTRUCTIONS – DIVISION OF HOUSING REQUEST FOR REIMBURSEMENT

- Block 1: Send 3 copies of your requests, **ALL SIGNED IN ORIGINAL**, to **YOUR ASSET MANAGER** who will approve and sign the forms for payment processing.
- Block 2: Specify the type of payment. One or both of the items may apply. Specify whether this is a partial or final reimbursement.
- Block 3: The recipient organization is the grantee with whom the state contract is made. In some cases, the grantee may sub-contract with another organization, but checks from the state can only be made payable to the grantee named in the contract.
- Block 4: The period covered by the request is the period in which the incurred expense is to be paid by the grantee. The Request for Reimbursement is submitted when funds are required to reimburse funds for services which have already occurred.
- Block 5: Specify payment request numbers in numerical order for the entire grant. If a request is returned to the grantee to be corrected, changed, or re-submitted, please number the payment request the same as the one that is being replaced.
- Block 6: The Contract Encumbrance Number is located in the second paragraph of the contract between the State and the grantee. This number is a ten-digit number preceded by an F or H (e.g., F8CDB98832 or H8CDB98863).
- Block 7: The purpose for funds request is to explain to whom and how much is anticipated to be paid. For an audit trail for your files, backup documentation should be attached to each request to support it. Please indicate the amount for each budget category, project number, etc. in this space.
- Block 8: Total CDBG expenditures that appear in the grantee's (or sub-grantee's) accounting records at a specific date should be entered on this line. Accounting records are normally closed on the last day of the month. This line includes the total sum of actual cash disbursements charged to the grant from the contract execution date to the date that is to be specified. Do not include any expenditures against your Program Income on this line. Use only expenditures on the CDBG grant.
- Block 9: The form should be signed by the appropriate authorized official. This could be a person, such as the Mayor, who signed the State contract, or the responsible administrator named in the contract. If funds are drawn by someone such as the City/Town Clerk, or someone other than the person named in the contract, the Department would require a letter from the authorized official stating who is designated to request funds. Other information in this block is self-explanatory.