

**CITY OF COLUMBIA
HOME and COMMUNITY DEVELOPMENT BLOCK GRANT
REQUEST FOR FUNDS FORM**

Name of Recipient: _____ P.O.# _____

Request for Funds # _____ Contract Date: _____

- 1. Contract Amount _____
- 2. Previous Funds Received _____
- 3. Previous Funds Requested, but not received _____
- 4. Amount of this Request _____
- 5. TOTAL (2 + 3 + 4) _____
- 6. Remaining Funds(1 - 5) _____

Identify all Payees with total amounts paid by Activity (attach invoices)

PAYEE	ACTIVITY	AMOUNT
TOTAL AMOUNT(Must equal amount requested)		

I hereby affirm that the information above is true and correct, and funds requested will be used according to the conditions of the CDBG or HOME agreement with the City of Columbia.

Name: _____ Signature _____ Date: _____

Preparer (If different than above) _____ Phone: _____

For City use only Approved _____ Date _____
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