

**CITY OF MORENO VALLEY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

Subgrantee Payment Request FY 2016/17

AGENCY NAME:	DATE:
PROJECT TITLE:	INVOICE NO. :
PREPARER'S NAME:	
EMAIL:	PHONE:

ACCOUNT SUMMARY:

Approved CDBG Budget	\$
-(minus) CDBG Reimbursements Received To Date	\$ -
-(minus) Pending Reimbursements To Date (including this invoice)	\$ -
= Remaining CDBG Balance	\$

CURRENT REQUEST:

CDBG BUDGET LINE ITEM PER APPROVED AGREEMENT <i>(List individual line item costs per approved budget, Exhibit "B")</i>	BUDGET AMOUNT \$	(PREVIOUS REQUESTS)	(CURRENT AMOUNT REQUESTED FOR REIMBURSEMENT)	REMAINING BUDGET BALANCE
PERSONNEL COSTS:				
Salaries				
Fringe Benefits				
Total Personnel Costs:				
OPERATING COSTS: <i>(List individual operating line item costs)</i>				
Total Operating Costs:				
TOTAL: (Personnel Costs + Oper. Costs)				

TOTAL PAYMENT REQUESTED THIS INVOICE: \$

NOTE: Corresponding back-up source documentation must be attached. The 'Documentation Required for Reimbursement Checklist' may be included as back-up and/or used for guidance in preparing the submittal.

Signature of Preparer Date

Signature of Authorized Supervisor, Executive Director, or Board Member Date

For City Use Only:	Date Received: _____	By: _____
P.O. No.: _____	Amt. \$: _____	
Inv. No.: _____	Acct. No.: _____	
Inv. Date.: _____	Auth. By: _____	

Rev. 5/16
~~Rev. 1/2013~~
 Rev. 8/12

CITY OF MORENO VALLEY
 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
Instructions for Completing the Subgrantee Payment Request Form

NOTES:

- Only items on approved budget will be considered for payment.
- This form is intended to be used in conjunction with the '**Documentation Required for Reimbursement Checklist**'

1. Type answers or complete in ink (signatures should not be typed; signatures should always be in ink).
2. Complete all portions of the form (including Agency Name, Project Title, Preparer's information and date).

ACCOUNT SUMMARY SECTION:

3. In the blank field to the right of **APPROVED CDBG BUDGET**, insert current allocation as awarded by the City to your Agency for the current year/ year of request.
4. In the blank field to the right of **CDBG REIMBURSEMENTS TO DATE**, enter CDBG reimbursements received to date, including sum of all past reimbursements made to your agency under the current contract.
5. In the blank field to the right of **PENDING REIMBURSEMENTS TO DATE**, enter CDBG pending reimbursements requested but not yet received payment from the City to date.
6. In the blank field to the right of **REMAINING CDBG BALANCE**, subtract **CDBG REIMBURSEMENTS TO DATE** and **PENDING REIMBURSEMENTS TO DATE** from the **APPROVED CDBG BUDGET** and enter the results in this field.

CURRENT REQUEST SECTION:

7. **APPROVED CDBG BUDGET LINE ITEM Column** refers to budget line item costs as listed and approved in the Subgrantee Agreement.
 - a. Please list all approved budget line items under this first column.
 - b. Personnel Costs should be separated by salaries and fringe benefits.
 - c. Operating Costs should be listed separately by category.
 - d. Total the amounts for each column in the TOTAL lines
8. **BUDGET AMOUNT Column** refers to the budgeted amount for each line item included as part of the approved Subgrantee Agreement.
 - a. Please list the corresponding budget amounts with the approved CDBG Budget Line Items.
9. **PREVIOUS REQUESTS Column** refers to the amounts previously requested for reimbursement under the current grant year.
 - a. Please list the total amount of any previous reimbursements requested to date (even if no reimbursement has been received).
10. **CURRENT AMOUNT REQUESTED FOR REIMBURSEMENT Column** refers to the current request for payment.
 - a. Please list the amounts requested for this current invoice.
11. **REMAINING BUDGET BALANCE Column** refers to the remaining amount per line item on the approved budget.
 - a. Please calculate REMAINING BUDGET BALANCE by subtracting PREVIOUS REQUESTS AND CURRENT AMOUNT REQUESTED FOR REIMBURSEMENT Columns from the BUDGET AMOUNT Column.
12. **TOTAL PAYMENT REQUESTED THIS INVOICE Box** should match the total amount in the CURRENT AMOUNT REQUESTED FOR REIMBURSEMENT Column. The amount of expenses should have source documentation included as part of the invoice to substantiate the request for payment including receipts, invoices etc.
13. Ensure the Subgrantee Payment Request form is signed and dated by **BOTH** the Preparer and an Authorized Supervisor/ Executive Director/ or Board Member.