

Prince William County Office of Housing and Community Development
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SUBRECIPIENT PAYMENT REQUEST
Community Development Block Grant

Sub-Recipient is to complete Parts A, B and C only

PART A. IDENTIFYING INFORMATION

Type of Organization

Non-Profit

County Agency

Other (includes governmental entities)

Sub-Recipient Name: _____

Sub-Recipient Number: _____

Request #:

	CDBG Funds	Subrecipient Funds
Amount Budgeted	\$ _____	\$ _____
Program Income Year-To-Date	\$ _____	
Gross Disbursements Year-To-Date	\$ _____	\$ _____
Reimbursement Drawdowns From OHCD Year-To-Date	\$ _____	
Total Request (un-reimbursed Balance)	\$ _____	

ATTACH COPIES OF ALL INVOICES/VOUCHER TO VERIFY EXPENDITURES FOR THIS REIMBURSEMENT REQUEST

Reimbursement Expenditures From: _____ To: _____

PART B. CERTIFICATION

As authorized by, and on behalf of the above named Sub-recipient, I hereby request payment of funds in the above stated amount. These funds are requested in accordance with the purposes, intended uses and schedule, per our Agreement. I further certify that the appropriate program and financial records have been generated and kept in support of this request.

 Typed Name and Title of Authorized Representative

 Signature

 Date

