CITY OF SHREVEPORT – DEPARTMENT OF COMMUNITY DEVELOPMENT
REQUEST FOR PAYMENT/FINANCIAL STATUS REPORT

Source of Funding: ("X" only one)	CDBG ☐	HOME ☐	ESG ☐	NIP ☐
	CDBG-CV ☐	HOME-ARP ☐	ESG-CV ☐	SPECIAL PROGRAMS ☐
			ESG- STATE ☐	OTHER _____

GRANT YEAR _____ CURRENT YEAR _____ REQUEST FOR THE MONTH ("X" ONLY ONE BELOW)

JAN ☐	FEB ☐	MAR ☐	APR ☐	MAY ☐	JUN ☐	JUL ☐	AUG ☐	SEPT ☐	OCT ☐	NOV ☐	DEC ☐

		For Office Use Only		
Name of Provider:				
Address:		Contract Amount	$	
		Amount Paid:	$	
Contact Person				
Phone Number:		Y.T.D. Paid	$	
Email Address:				
Request Number:		Balance:	$	
Purchase Order #:		Retainage (Construction Only)	$	

Budget Categories	Component (ESG ONLY)	Budget Amount	Prior Request	Amount Requested	Balance	Match	
						Current	YTD
TOTAL							

LIST SOURCES OF MATCH USED THIS PERIOD:

CASH IN KIND DONATIONS:

CERTIFICATION – I certify that this request for payment is in accordance with the terms and conditions of the grant agreement with the City of Shreveport, and no items contained in this request have been subject of a previous request for payment.

Signature of Authorized Representative:	Title:
Printed Name:	Date:

OFFICE USE ONLY

MONITOR/PLANNER	Name:	Date Received:	Date Reviewed:
Total Disallowed Costs: (N/A ☐)	$	Comments:	
Date to Fiscal:		Monitor Signature:	

FISCAL	Name:	Date Reviewed:
Subrecipient Requested Amt.	$	Comments:
Amt. Approved to be Paid	$	
Balance After this Payment:	$	
Date Paid:	Signature:	

RETURN ONE (1) COPY TO ASSIGNED MONITOR AFTER FISCAL PROCESSING