

11. PAYMENT DATA (Not to be Completed by City Agencies)

Automatic Deposit [Please provide wiring instructions from your bank, which include (at minimum) the bank name, Routing/ABA #, and Account #]

OR

Make Check Payable To: _____
Mailing Address: _____

FOR OFFICIAL CITY USE ONLY

OFFICE OF CITY MANAGER (OCM)

Amount of this Request: \$ _____	Expenditure Code: _____
Project Code: _____	HUD Voucher #: _____
Approved by Block Grant Coordinator: _____	Date into IDIS: _____
CDBG Coordinator Comments: _____ _____ _____	
Balance of Award/Contract: \$ _____	Completion Date: _____
Approved by City Manager/Asst. City Manager: _____	Date: _____
City Manager/Asst. City Manager Comments: _____ _____ _____	

*** PLEASE ATTACH INVOICES, RECEIPTS, AND OTHER DOCUMENTATION TO SUPPORT THIS REQUEST.**

INSTRUCTIONS FOR COMPLETING FINANCIAL STATUS REPORT and REQUEST FOR REIMBURSEMENT FORM (OCM-002)

1. Enter the name and mailing address of the agency submitting the report.
2. Enter the telephone number of the agency.
3. Enter the title of the City-funded project for which reimbursement is being requested.
4. Enter the project number assigned to the project by the City.
5. For each agreement, Requests for Reimbursement must be numbered sequentially, with the first request numbered "1" and so on for subsequent requests. Enter the number of this request.
6. Enter the name of a contact person at the agency from whom information about the request may be obtained.
7. Enter the starting date and ending date of the period for which reimbursement is being requested.
8. Enter the date that the request will be submitted to the city.
9. In the column headed "Approved Budget," enter the amounts for each line item in the most recent Project Budget approved by the City.

In the column headed "Amount of This Request," enter the amount of the reimbursement requested for each line item in the approved budget.

In the column headed "Total Requests to Date," enter the sum of this request and all previous reimbursements paid by the City for each line item in the approved budget.

In the column headed "Balance Remaining," enter the remaining balance for each line item after total requests have been subtracted from the amounts shown in the approved budget.

In the column headed "Matching Funds Expended to Date," enter the amounts of matching funds applied to the project expended for each line item.

In the column headed "Program Income Received", enter the amounts of program income received for each line item.

Total all columns. The total under "Approved Budget" should equal the total CDBG award made to the agency by the City.
10. An authorized official of the agency must certify that funds were used according to City requirements and the Grant AGREEMENT.
 - 10a. The official must sign to certify the financial status report.
 - 10b. Enter the title of the official signing the financial status report.
 - 10c. Type or Print the name of the official.
 - 10d. Enter the date the official signed the report.
11. Check appropriate box and complete section accordingly. **CHECK ONLY ONE BOX.**

MAIL REQUEST FOR REIMBURSEMENT (and all supporting documentation) TO:

**Kristin McCombe
Grants Compliance Officer
Office of City Manager
City of Harrisonburg
345 South Main Street
Harrisonburg, VA 22801**