

Community Development Block Grant Statement of Authorization for Drawdown Request

Date Submitted: _____ Requisition Number: _____ 01
 Subrecipient: _____ Amount Requested: \$ _____
 Project Name: _____ Project Year: _____ 16 (2019 -2020)
 Address: _____

PY 16 CDBG Reimbursement Request

Line Item From Budget and Description of Service or Materials Provided	Name of Contractor or Supplier	Date of Invoice	Amount of Invoice or Billing	Less Subrecipient Match if Applicable	Reimbursement Amount Requested
Total:			\$	\$	\$

Program Account Balance:	CDBG Funding	Subrecipient Match
Subrecipient PY 16 Grant Award:	\$	\$
CDBG Drawdowns Approved to Date:	\$	\$
Program Income Received to Date:	\$	\$
Current Drawdown Request for Payment:	\$	\$
Balance After This Claim:	\$	\$

I, _____, certify that to the best of my knowledge and belief, this report is correct and complete, and that all expenditures were made in accordance with the CDBG grant requirements. Supporting documentation is attached.
(Name of signatory party)

Signature: _____ Title: _____ Date: _____
 Prepared by: _____ Preparer phone number: _____

Claim Filing & Documentation Instructions

<ol style="list-style-type: none"> 1) Provide ALL of the information requested on this form. Incomplete or unclear information will be returned for clarification and resubmission. 2) Attach itemized bill from the contractor or supplier for the qualifying expense, showing the vendor name, expense description, date of service, amount paid and, if applicable, the leverage amount covered by the sub-recipient. Credit card receipts, canceled checks, and payment vouchers are acceptable forms of verification of match payment. 3) For Personnel Time: Timesheets showing days and hours worked as well as paystubs for that pay period must be attached. 	<p>4) The document must be signed by a certified member of the subrecipient's organization and <u>the original must be mailed to the County.</u></p> <p>Direct Deposit Recommended Checks will be mailed within 45 days following approval of the drawdown request.</p>
--	--

County Office Use ONLY:	Date	Initials	Number	Date	Initials
Received CDBG Pgm Mgr:			Purchase Order #		
Approved DFS Accountant:			Rec #		
Returned for Clarification:			HUD #		

CDBG Request for Cost Reimbursement

Cost Reimbursement Method

1. The cost reimbursement method of payment entails the payment of CDBG funds to the subrecipient based on **actual expenditures that the subrecipient has already paid**.
2. In order for a subrecipient to receive payment on the cost reimbursement method, the subrecipient must submit a payment request form, including all supporting documentation to the CDBG Program Manager at the Loudoun County Department of Family Services.
3. All costs that the subrecipient is requesting reimbursement for shall be reviewed by the CDBG Program Manager and the Financial Analyst to ensure their completeness and accuracy. The subrecipient agreement will be consulted to ensure that costs are consistent with the scope of work and fall within the budget outlined in the agreement.
4. If the subrecipient is in control of any program income generated by the use of CDBG funds, an accounting of such must be made. In addition, the amount of the payment request must be adjusted such that any program income on hand is used before any additional CDBG grant funds are provided.
5. All costs on the payment request form must meet the criteria set forth under OMB Circular A-122. Costs reimbursements are generally allowable if the following conditions are met:
 - a. The expenditure is necessary, reasonable and directly related to the grant;
 - b. The expenditure was authorized by the grantee (Loudoun County CDBG);
 - c. The expenditure was adequately documented;
 - d. The expenditure is not prohibited by Federal, state or local law or regulations;
 - e. The expenditure is consistently treated (i.e., subrecipient is using generally accepted accounting standards to calculate cost for CDBG and non-CDBG expenditures);
 - f. The cost is allocable to the CDBG program in accordance with OMB Circular A-122;
 - g. The cost is net of all applicable credits (i.e., discounts or adjustments have been made);
 - h. The net cost reimbursement request does not exceed the original grant allocation and combined program income; and
 - i. All matching payment obligations have been met and are adequately documented.
6. If the payment request is not accurate or is incomplete, the Program Manager or the Financial Analyst will notify the subrecipient by email and attempt to obtain additional information. If this process is unsuccessful, the payment request will be returned to the subrecipient or be reduced by the amount in question and processed for payment. A written notification of the adjustment shall be provided to the subrecipient.
7. If the payment request is accurate and complete the Financial Analyst will approve the request and initiate the payment processing.