CITY OF MASSILLON, OHIO
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
REQUISITION FOR FUNDS - SUBRECIPIENT PROGRAMS

Date: _____   Requisition No.: _____

Agency Name: _____

Agency Address: _____

_____

Name of Person Completing Requisition: _____

REQUISITION SUMMARY

Amount of CDBG Contract Award	
Total CDBG Payments to Date	
Amount Requested Today	
Balance of Contract Amount	

Total Amount Being Requisitioned at This Time: _____

PLEASE ATTACH THE FOLLOWING ITEMS:

1.) Attach reimbursement documentation records: Receipts, timesheets, payroll records, etc.
2.) Attach Direct Benefit Activities Worksheet (If Applicable or Provided)

NARRATIVE PROGRESS REPORT (Attach additional sheets if necessary)

Progress for The Following Period: _____ TO _____

Please provide a brief narrative report on the accomplishments and progress of this program during the time since the last requisition for funds was submitted. Provide quantifiable data regarding program progress.

Agency's Certification and Reimbursement Request Form	
Agency Name	**Contract #** (If applicable)
Program Name	
Name of Agency Contact	**Agency's Address**

I. Agency's Certification and Reimbursement Request

I hereby certify:
- ❑ The information presented on this form is true and complete to the best of my knowledge;
- ❑ All programs and services have been executed in accordance with the terms and requirements of the contract;
- ❑ All expenses for which payment is being requested herein were incurred by the above-referenced program(s);
- ❑ All approved Board minutes and agendas have been received by the Community Development Department;
- ❑ A signed and dated Client Report, Narrative Report, and Fund-Raising Report have been received by the Community Development Department;
- ❑ All supporting documentation to substantiate this request has been received by the Community Development Department.
- ❑ The agency is in full compliance with the terms and conditions of the above referenced contract.

I hereby request reimbursement for approved program expenses to date in the amount of $_____.

_____   _____
Signature of Agency Contact   Date

II. Monitor's Certification

I have reviewed the documents submitted for the _____ quarter by the above-referenced agency and agree that all services and expenditures have been satisfactorily completed in accordance with all applicable requirements and terms of the above referenced contract number.

I hereby approve payment to the agency in the amount of $_____.

_____   _____
Signature of Monitor   Date

III. Community Development Manager's Certification

I hereby approve payment to the agency in the amount of $_____.

_____   _____
Signature of Community Development Director   Date

CITY OF MASSILLON COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
Sub-recipient Report: Direct Benefit Activities

Project Activity:_____

Agency Name:_____

Agency Address:_____

Contact Person (Name/Title):_____

Report Period:_____ **From:**_____ **To:**_____

HUD PERFORMANCE OUTCOME MEASUREMENT SYSTEM
HUD Required Performance Output Indicators

Amount of Money Leveraged by CDBG-Funded Activity	Amount
Other Federal Funds Leveraged	
State Funds Leveraged	
Local (City) Funds Leveraged	
Private Funds Leveraged	
Total Funds Leveraged	

Persons Assisted by this CDBG-funded Activity	Total
Total Number of Unduplicated Persons Assisted	
Total Number of Disabled Persons Assisted	

Income Status (% of Median Family Income "MFI")	Total
Total Persons Assisted (0-30% MFI)	
Total Persons Assisted (31-50% MFI)	
Total Persons Assisted (51-80% MFI)	
Total Persons Assisted (>80% MFI)	

Race / Ethnicity of Persons Assisted	Total	Hispanic or Latino
SINGLE RACE PERSONS		
White		
Black or African American		
American Indian or Alaskan Native		
Asian		
Native Hawaiian or Other Pacific Islander		
MUTLI-RACE PERSONS		
American Indian or Alaska Native & White		
Asian & White		
Black or African American & White		
American Indian or Alaska Native & Black		
Other Multi-Racial		
Total Number of Persons Assisted:		

Signature:_____ Date:_____