

CITY OF ODESSA - COMMUNITY DEVELOPMENT DEPARTMENT



2019
REIMBURSEMENT REQUEST FOR CDBG FUNDS



Agency:

For Month of:

Name:

Date:

Phone:

AMOUNT REQUESTED: \$ _____

Status of CDBG Grant Funds

GRANT AMOUNT AWARDED:

(-) TOTAL PRIOR AMOUNTS REQUESTED:

(-) AMOUNT OF THIS REQUEST:

(=) BALANCE OF GRANT REMAINING:

HUD PERFORMANCE INDICATORS FOR HOUSING ACTIVITIES

Homeowner rehabilitation activities include all programs designed to make improvements to owner-occupied units. The performance measures for homeowner rehabilitation apply to ALL homeowner rehabilitation programs, including full rehabilitation projects (bringing owner-occupied units up to applicable codes and standards) and emergency, accessibility, energy efficiency, and other targeted improvement programs.

Provide the number of households assisted for each of the following categories:

- Number of units occupied by elderly households (62 and over):

- Number brought from substandard to standard condition:

- Number meeting Energy Star standards:

- Number brought into compliance with lead safe housing rule:
- Number made accessible (*for persons occupying unit – not totally accessible*)

PERFORMANCE MEASUREMENT OUTCOME STATEMENT

Combine the elements from the categories above to summarize the changes that have occurred as a result of this project and provide your outcome statement for the reporting period. A complete statement includes output (quantified) + outcome (from categories above) + activity (description) + objective.

Certification

I certify the data provided on this Reimbursement Request for CDBG Funds is correct and all required documentation supporting this request is attached.

Date: _____ Signature: _____ Title: _____

Required Documentation

As a minimum, the following documentation must be attached to the Reimbursement Request:

- 1. Reimbursement Summary of Receipts**
- 2. Legible copies of all supporting receipts, bills, invoices, etc.**

Incomplete Reimbursement Requests will be returned

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REIMBURSEMENT SUMMARY OF RECEIPTS



Agency: _____

Below, list each receipt attached to the reimbursement request.

Date of Receipt	Purpose	Amount
	TOTAL:	