

CITY OF ODESSA - COMMUNITY DEVELOPMENT DEPARTMENT



PUBLIC SERVICES - REIMBURSEMENT REQUEST



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 PUBLIC SERVICE ACTIVITIES

Where a service/facility *does not exist*, the assistance provided results in “*new*” access to that service/facility. Where a service/facility is *limited in size or capacity*, the assistance expands to the existing service/facility; the result would be “*improved*” access.

Number of persons assisted who:

Now have new access or continuing access to this service or benefit: _____

Now have improved access to this service or benefit: _____

Now receive a service or benefit that is no longer substandard: _____

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.

Examples: a.) 43 households will have new access to public transportation for the purpose of creating a suitable living environment. b) 1137 meals were provided to 49 Homebound individuals.

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, meal count sheets, etc.**

Incomplete Reimbursement Requests will be returned

CITY OF ODESSA - COMMUNITY DEVELOPMENT DEPARTMENT



REIMBURSEMENT SUMMARY OF RECEIPTS



Agency: _____

Below, list each receipt attached to the reimbursement request.

Date of Receipt	Purpose	Amount
TOTAL:		