



**2019 CDBG HSPF Test-2018 CDBG HSPF Test**

**CDBG - Housing and Public Facilities**

<b>Award Year:</b>		<b>Status:</b>	Submitted
<b>Contract Number:</b>	2019 CDBG HSPF Test	<b>Approved Date:</b>	
<b>Claim Number:</b>	2019 CDBG HSPF Test - 001	<b>Paid Date:</b>	
<b>Submitted By:</b>	External Tester	<b>Vendor Number:</b>	
<b>Submitted Date:</b>	04/03/2019	<b>Invoice Number:</b>	
<b>Category</b>			
<b>Report Period</b>	02/01/2019 04/03/2019		
	<small>From Date To Date</small>		

**Applicant and Organization**

**Applicant**

**Name:\*** Dr. External Tester  
Salutation First Name Middle Name Last Name

**Title:** Tester

**Address:\*** Address

  

**City** New Hampshire 22030  
City State/Province Postal Code/Zip

**County** Belknap

**City Outside NH:**

**Phone:\*** 111-111-1111  
Phone (999-999-9999) Ext.

**alternate phone number**

**alternate phone type**

**Fax:**

**Email:\*** jmatthews@nhcdfa.org

**Organization Information**

**Name:\*** West Smallville Housing

**Type:\*** Non Profit / 501C3

**Tax ID:** 34-46654365

**Website:** www.wsmallvillehousing.org

**Fiscal Year End:**

**Address:\*** 123 Fake Street

  

**City/State/Zip\* Other - Not in NH** New Hampshire 03060  
City State/Province Postal Code/Zip

**City Outside NH:** West Smallville

**County** Merrimack

**Phone:\*** 603-882-3616  
(999-999-9999) Ext.

**Fax:** 603-595-7414

*This information will be used to notify the A.O on issues relating to the application and/or grant.*

**Authorized Official\*** Inspector Flynn

**Authorized Official Email Address\*** jmatthews@nhcdfa.org

*Don't have a DUNS #? Click here to apply.*

**DUNS Number (Required):\*** 99-999-9999

**Executive Council District\*** District 2 - Councilor Colin Van Ostern

*Don't have a CCR #? Click here to apply.*

**CCR CAGE Number (Central Contractor Registry)**

**Attachments**

Description	File Name	File Size
Supporting Documentation	EligibleCDBG.docx	31 KB

**Claim - Payment Request**

Budget Category	Contract Budget	Prior Expenses	Program Income If Applicable	Total Funds Received	Total Expended To Date	Balance Of Funds On Hand	Expenses This Period	Available Balance
<b>Activity Budget</b>								
Admin Funds	\$1,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	\$950.00
PF Improvements	\$750	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$700.00	\$50.00
Total:	\$1,750	\$0	\$0	\$0	\$0	\$0	\$750	\$1,000

**Electronic Funds Transfer**

Select yes if you want your payment sent via EFT. If yes, you will need to have completed and submitted an EFT Authorization Form. Note: This form needs to be completed only once. All claim requests will be processed via an EFT until you cancel the authorization.

[Click here to access an Electronic Funds Transfer Authorization Form.](#)

This Field is required.

**Payment Via Electronic Funds Transfer (EFT)?\*** Yes

**Claims Comments**

**Claim Related Comments**

A narrative regarding the pay request should go here, as well as a breakdown of the funding request. This should include matching funds. Example Below:

Total Claim \$750.00

**Project Activities**

Requesting Agency \$2,750.00

Contractor Pay Request # (if applicable)  
CDBG Portion of the Project Activity \$700.00

**Administration**  
 Administrator expenses \$50.00  
     Newspaper Ad for RFP 25.00  
     Application Writing 25.00  
 Total Administration \$50.00

**Original Matching Funds in Application**

**Original Matching Funds Declared in Application** \$2,000

**Matching Funds**

Row	Matching Funds Source	Contract Budget	Total Funds Expended To Date	Expenses This Period	Available Balance
Source 1	Matching Fund Source	\$10,000	\$2,000	\$2,000	\$6,000
Source 2		\$0	\$0	\$0	\$0
Source 3		\$0	\$0	\$0	\$0
Source 4		\$0	\$0	\$0	\$0
Source 5		\$0	\$0	\$0	\$0
Totals		\$10,000	\$2,000	\$2,000	\$6,000

**Matching Funds Comments**

**Matching Funds Explanation:**

Explain matching fund expenditures here.

**Signature**

*This section is for informational purposes only. The AO must sign a copy of the claim, showing details, and dollar amount, of requisition. After completing all other components of the claim, click Preview and print the claim. This is the page that requires a signature. Scan the copy after signed, and attach it to the Attachments component in the claim.*

Authorized Official's Signature: \_\_\_\_\_ (sign here after printing a preview of the form.  
Then scan and upload to the attachments component)

**Authorized Official's Name:\*** Authorized Official

**Title:\*** Authorized Official

**Signed Date:\*** 04/03/2019