

STATE OF LOUISIANA DEPARTMENT OF REVENUE

A. Name, Address, and Phone Number of: Village / Town / City / Parish		State of Louisiana - Department of Revenue
		City / State / Zip

Contract Number / Program Year:	CFMS#:
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Recent date of delivery (invoices)	CFMS#

1. Status of Funds	Amount
Amount Requested, (Line H a-f, D)	
Subtotal	
(Amount of Contract)	
Remaining Balance	

2. Amount of Funds Requested by Activity	CFMS#	CFMS#	CFMS#
A. Acquisition of Real Property			
B. Public Works, Facilities, Site Improvements			
1. Sewer			
2. Streets			
3. Water (Fire Protection)			
4. Water (Potable)			
5. Other			
C. Clearance, Demolition			
D. Rehabilitation/ Renovation of Buildings			
E. Equipment			
F. Police Protection Activities			
G. Engineering Fees			
H. TOTAL			

3. Certification

I hereby certify that the amount requested in this application is equal to the amount of approved and detailed invoices that equal or exceed the amount are attached.

**ATTACH COPIES OF INVOICES AND MAIL TO:**  
 U.S. Department of Revenue, P.O. Box 1000, Baton Rouge, Louisiana 70801

Date	(Original) Signature of Local Govt. Authority (LGA--Parish President or Mayor)	Title

4. Approval (For State Use Only)	Funding Year: