

LOUISIANA CDBG REQUEST FOR PAYMENT (RFP)

A. Name, Address, and Telephone Number of Contractor (City/Parish)			B. Date of Request		
C. Contract Number / Program Year / CDBG Grant Representative (if multiple contracts issued, enter all)			D. Request #		
E. Actual Delivery Date (A.D.D.) - The most recent date of delivery of services for each State fiscal year.			A.D.D. FY 1:		
			A.D.D. FY 2:		
1. Status of LCDBG Funds			Amount	State Use Only	IDIS Activity #
A. LCDBG Funds Received to Date					
B. Program Income Received to Date					
C. Subtotal					
D. Funds Disbursed to Date					
E. Cash on Hand at Time of this Request					
F. LCDBG Funds Requested but not yet Received					
2. Amount of Funds Requested by Activity			A.D.D. FY 1	A.D.D. FY 2	Amount
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. Rehabilitation Housing (includes Rehabilitation for Public Works)					
D. Rehabilitation Administration					
E. Clearance, Demolition					
F. Relocation Payments					
G. Economic Development					
1. Commercial/Industrial Infrastructure Development					
2. Grant for Loan					
3. Other					
H. Administration					
1. Pre-agreement Costs					
2. Public Facilities, Housing, and Economic Development					
3. Other					
I. Total					

3. Certification

I certify that this Request for Payment has been drawn in accordance with the terms and conditions of the contract for the grant or loan and that the amount for which drawn is proper for payment to the drawer at the drawer's bank. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs. **Approved and detailed invoices that equal or exceed the amount are attached.**

A. Date	Signature	Title
B. Date	Signature	Title

4. Approval (State Use Only)

A. Reviewed By	Date
B. Approved By	Date

**DOA WILL NO LONGER MAIL PAYMENT VERIFICATIONS. PAYMENTS CAN BE VERIFIED ONLINE AT:
<http://www.doa.louisiana.gov/osrap/index.htm>**

INSTRUCTIONS FOR REQUEST FOR PAYMENT FORM

LINE:

- A Enter name, address, including zip code, and telephone number of the City/Parish receiving funds.
- B Enter the date this request is being submitted.
- C Enter the Contract Number, Program Year (PY 20__) and the name of LCDBG Representative assigned to your grant. If multiple contracts have been issued, please enter all contract numbers.
- D Enter number of the request. Requests for Payment (RFP) are numbered sequentially. Your first request is #1, your second is #2, etc. If, for some reason, a request is returned to you for correction and resubmission, the resubmission would have the same number with an A after it, 2A. A second resubmission would be 2B.
- E Enter the most recent date of delivery of invoices for each State fiscal year covered in the invoices for this RFP. Each invoice must have the date of delivery or, in the case of services rendered, a beginning and ending date. Any services that cover 2 fiscal years must be in separate invoices or the amount allocated to each fiscal year must be indicated. Ex. FY1 May 5, 2010 to June 30, 2010 \$2,040, FY2 July 1, 2010 to August 5, 2010 \$1,920. Enter only the dollar amounts in E. If 2 fiscal years are used, break out the amounts in each FY column if more than 1 activity is used under #2.
- 1A Enter total amount of LCDBG funds you have received as of the date of this request.
- 1B Enter any program income you have received as of the date of this request.
- 1C Add lines 1A and 1B together to get line 1C.
- 1D Enter total LCDBG funds you have disbursed as of the date of this request.
- 1E Subtract line 1D from line 1C to get line 1E, LCDBG cash and miscellaneous receipts on hand at the time of this request.
- 1F Enter the amount of funds you have previously requested, but have not received at the time of this request.
- 2A-2H Enter the amount requested by activity under the appropriate FY. If only one FY is used enter in FY1.
- 2I Add lines 2A-2H to get line 2I, Total amount requested, in each column.
- 3A-3B Have two of the persons authorized to sign the Request for Payment on lines 3-6 of the Authorized Signature Card sign and date the Certification section of the Request for Payment Form.
- 4 Leave blank.

NOTE: Payments can be verified online at
<http://www.doa.louisiana.gov/osrap/index.htm>