



2021

REIMBURSEMENT REQUEST FOR CDBG FUNDS
Johnson County CDBG Program

CDBG-4

Subrecipient: _____ Grant Number: _____
Address: _____ Request Number: _____
City, State, Zip: _____ Amount Requested: _____

Status of CDBG Grant Funds

1 GRANT AMOUNT AWARDED: \$ []
2 Minus TOTAL PRIOR AMOUNTS REQUESTED: \$ []
3 Minus AMOUNT OF THIS REQUEST: \$ []
(Attach documentation for request)
4 BALANCE OF GRANT REMAINING: \$ []
Served-Attach Project Beneficiary Form []

Certification

I certify that the data provided on this Reimbursement Request for CDBG Funds is correct and that the amount of the Reimbursement Request is not in excess of immediate reimbursement needs. I also certify that all required documentation is attached to this Request - Including the Project Beneficiary Form. *This form must be signed by someone listed on the Authorized Signature Form.

Date: _____ Signature: _____ Title: _____
Date: _____ Signature: _____ Title: _____

APPROVAL (for Johnson County Use Only)

Date: _____ Signature: _____ Community Development Coordinator
Date: _____ Signature: _____ Assistant Grants Manager

PLEASE NOTE THE FOLLOWING

Copies of invoices or billings must accompany ALL Reimbursement Requests, including County departments.

For DAVIS-BACON Projects, please submit with the FIRST Reimbursement Request:

- 1. Certified payrolls.
2. If APPRENTICES are employed, submit a copy of each apprentice's registration and the approved program ratio and wage schedule.

Incomplete Reimbursement Requests will be returned.