COMMUNITY DEVELOPMENT
Pasadena, Texas

CITY OF PASADENA
REQUEST FOR PAYMENT

Agency Name:		**Date:**	
Program / Project Name:		**Request Number:**	
Contact Name:		**Request Period:**	
Contact Phone #:		**Program Year:**	**2018**

Original 2018 Award:	$0.00	**GRANT TYPE :**		***ESG PROGRAM TYPE:***	
(Previous 2018 Payments):	$0.00	**CDBG**	☐	*SHELTER* ☐	*PREVENTION* ☐
Balance at Time of Request:	$0.00	**ESG**	☐	*HMIS* ☐	*OUTREACH* ☐
(Current Request for Payment):	$0.00	**HOME**	☐	*RAPID RE-HOUSING* ☐	
Balance:	$0.00				

***REMINDER: APPROPRIATE DOCUMENTATION OF EXPENDITURES MUST ACCOMPANY THIS REQUEST**

Line Item Number:	Line Item Name/Description	Amount
1		0.00
2		0.00
3		0.00
4		0.00
5		0.00
6		0.00
Total:		0.00

Prepared by:

Print Name and Title *Signature* *Date*

I certify that this request for federal funds has been prepared in accordance with the terms and conditions of the Grant Commitment/Agreement, and that the amount requested is for eligible expenses as per the federal regulation for the above referenced Grant Type. I also certify that all data reported above is correct and that the amount of the request for federal funds is not in excess of current needs.

Authorized by:

Print Name and Title *Signature* *Date*

(Community Development Staff Only)

Signature of Program Representative: **Date:**

Accountant Review: **Date:**

Approved By: **Date:**