

**LOUISIANA CDBG/CDBG-CV REQUEST FOR PAYMENT (RFP)**

A. Name, Address, and Telephone Number of Contractor (City/Parish)	B. Date of Request
C. Contract Number(s) (Enter all if multiple contracts issued) / Program Year / CDBG or CDBG-CV Grant Representative	D. Request #

E. Federal Employer ID	F. Vendor Number	<b>STATE USE ONLY</b>	<b>CV Funds</b> Y N	<b>Split Funding</b> Y N
------------------------	------------------	-----------------------	------------------------	-----------------------------

G. 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:	

<b>1. Status of LCDBG/CDBG-CV Funds</b>	Amount	State Use Only	IDIS Activity #
A. Amount Requested with this Request (Total from Line F below)			
B. LCDBG/CDBG-CV Funds Received to Date			
C. LCDBG/CDBG-CV Funds Requested but not yet Received			
D. Subtotal (Total Line A through Line C)			
E. Total Grant Amount (Amount of Contract)			
F. Remaining Balance (Subtract Line D from Line E)			

<b>2. Amount of Funds Requested by Activity</b>	A.D.D. FY 1	A.D.D. FY 2	Amount		
A. Public Works, Facilities, Site Improvements					
1. Sewer					
2. Streets					
3. Water (Potable)					
4. Other					
B. Rehabilitation					
C. Economic Development					
1. Commercial/Industrial Infrastructure Development					
2. Other					
D. Administration					
1. Pre-agreement Costs					
2. Public Facilities, Clearance, MAD, & Economic Development					
3. Other					
E. Other					
F. 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	Name & Title
---------	-----------	--------------

**4. Approval (State Use Only)**

A. Reviewed By	Date
B. Approved By	Date

**PAYMENTS CAN BE VERIFIED ONLINE AT: <https://lagoverpvendor.doa.louisiana.gov/irj/portal>**

LaGov checked: \_\_\_\_\_  
Date: \_\_\_\_\_

## 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 CDBG or CDBG-CV 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 grantee's Federal Employer ID Number.
- F Enter the grantee's State Vendor Number assigned to this project.

DO NOT ENTER ANY INFORMATION INTO THE BOX THAT IS FOR **STATE USE ONLY**.

- G 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 This is the total amount of LCDBG or funds you are requesting with this RFP. It auto-fills from line 2E below.
- 1B Enter LCDBG or CDBG-CV funds you have already requested and received.
- 1C Enter LCDBG or CDBG-CV funds you have already requested, but not yet received.
- 1D This line auto calculates the total of lines 1A-1C.
- 1E Enter the total grant amount.
- 1F This line auto calculates the remaining balance by subtracting Line D from Line E
- 2A-2D Enter the amount requested by activity under the appropriate FY. **If only one FY is used enter in FY1.**
- 2E Line 2E auto calculates the totals of each fiscal year.
- 3A-3B Have one of the persons authorized to sign the Request for Payment in 1. e of the Financial Management Questionnaire sign and date the Certification section of the Request for Payment Form. The printed or typed name and title of the authorized signer must also be included.
- 4 Leave blank.