



City of Warwick Office of Housing and Community Development
 Warwick City Hall
 3275 Post Road, Warwick, RI 02886
 401-738-2000 x 6376 (phone) 401-732-9522 (fax)

PART I

CDBG Payment Request Form

Q1 Q2 Q3 Q4/Year-End (YE)

Please note: The City of Warwick's CDBG program year begins July 1. Reporting data needs to be submitted on a quarterly basis by 10/30, 1/31, 4/30 and 7/31.

Agency Name: _____ Project Title: _____

Contact Person: _____ Amt of Request: _____

Phone Number: _____ Total Grant Amt: _____

Program Budget	Approved Budget	Costs Incurred This Payment Period	Total of Previous Expenses	Balance Remaining
I. Personnel Serv.				
a. Salary & Wages			\$ -	
b. Fringe Benefits				
Subtotal	\$ -		\$ -	
II. Non-Personnel				
a. Office Supplies				
b. Telephone				
c. Travel				
d. Rent				
e. Other				
f. Other				
Subtotal	\$ -	\$ -	\$ -	\$ -
III. Capital Expenses				
a. Specify				
b. Specify				
Total	\$ -	\$ -	\$ -	\$ -

Certifications

I certify that the above budget and cost information is true and accurate. Supporting documentation and eligibility determinations of the clients served are available for review at the Agency cited above.

Signature of Agency Executive Director or Authorized Official _____ Date _____

Authorization of Payment

I have reviewed this payment request and find it to be in conformance with the contract between the Agency and the City of Warwick. I hereby authorize payment for reimbursement of the cost incurred.

Kevin Sullivan, Community Development Coordinator _____ Date _____



City of Warwick Office of Housing and Community Development
 Warwick City Hall
 3275 Post Road, Warwick, RI 02886
 401-738-2000 x 6376 (phone) 401-732-9522 (fax)

PART II

CDBG Quarterly Statistics Data Report

Q1 Q2 Q3 Q4/Year-End (YE)

Please note: The City of Warwick's CDBG program year begins July 1. Reporting data needs to be submitted on a quarterly basis by 10/30, 1/31, 4/30 and 7/31.

Agency Name: _____ Project Title: _____

Contact Person: _____ Report Date: _____

Phone Number: _____ Email: _____

PERSONS/HOUSEHOLDS: Public Service Projects must report # of clients served. Projects which provide or improve residential housing structures must report # of Households served.

Check: Individuals Households

SECTION I - CLIENT DATA

*As proposed in your original CDBG Application	*PROPOSED	*Proposed Annual Goal Low/mod clients ONLY	*Proposed Annual Goal NON Low/Mod	*TOTAL ALL PROPOSED CLIENTS
			0	0

If you are reporting data on both low mod and NON low/mod clients please fill out both sections. **Note:** low/mod clients must account for at least 51% of total clients served

A. Total **NEW** clients served by this project during this report period

ACTUALS	Q1 New Clients	Q2 New Clients	Q3 New Clients	Q4 New Clients	YEAR END Actual Served
					0

the 1st quarter are considered **new** (regardless of previous participation). Only those clients that were not reported in the 1st quarter report are considered new in the remaining reports.

B. Racial and Ethnic Data for **NEW** clients served. Please note that Hispanic is considered an ethnicity category rather than a race category. You are required to provide Race/Ethnicity information for all new clients your program is reporting on. If the client will not provide this information the program is required to guess their Race/Ethnicity

	Q1		Q2		Q3		Q4		Yr End	
	Hispanic	Non-Hispanic								
11 White									0	0
12 Black/African American									0	0
13 Asian									0	0
14 American Indian/Alaskan Native									0	0
15 Native Hawaiian/Other Pacific Islander									0	0
16 American Indian/Alaskan Native & White									0	0
17 Asian & White									0	0
18 Black/African American & White									0	0
19 American Indian/Alaskan Native & Black African American									0	0
20 Other Multi-Racial									0	0
*	0	0	0	0	0	0	0	0	0	0

***Qtrly totals should be the same # as reported in A**

0

C. INCOME DATA FOR NEW clients served by this project during this report period. Count each new client one time only regardless of the number of times that services were provided to the person.

See Income Guidelines Below

	Q1	Q2	Q3	Q4	YR END Total
Extremely Low 0% - 30% MFI					0
Low 0% - 50% MFI					0
Low/Mod 0% - 80% MFI					0
QUARTERLY LOW/MOD TOTALS	0	0	0	0	0
NON Low/Mod					0
* TOTALS ALL INCOME LEVELS	0	0	0	0	0

* These totals should be the same #'s as reported quarterly in A & B

Income Guidelines (Effective 3/6/15)

Family Size (Persons)	Extremely Low 0% - 30% MFI	Low 0% - 50% MFI	Low/Mod 0% - 80% MFI	Not Low/Mod
1	0-15,650	0-26,050	0-41,650	41,650+
2	0-17,850	0-29,800	0-47,600	47,600+
3	0-20,100	0-33,500	0-53,550	53,550+
4	0-24,250	0-37,200	0-59,500	59,500+
5	0-28,410	0-40,200	0-64,300	64,300+
6	0-32,570	0-43,200	0-69,050	69,050+
7	0-36,730	0-46,150	0-73,800	73,800+
8	0-40,890	0-49,150	0-78,550	78,550+

D. OTHER DATA for NEW clients served during this reporting period. Count each NEW client one time.

	Q1	Q2	Q3	Q4	YR END TOTAL
Female Head of Household					0
Age 62 + Over					0

E. OTHER SOURCES OF FUNDING

	Q1	Q2	Q3	Q4	YR END TOTAL Leveraged Funds
Other Federal Funds Leveraged					\$ -
State Funds Leveraged					\$ -
Local Funds Leveraged					\$ -
Private Funds Leveraged					\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -

F. HUD PERFORMANCE INDICATOR DATA

Of the NEW clients served during this reporting period, enter the # that:

PUBLIC SERVICE	Q1	Q2	Q3	Q4	TOTAL
Now have new access to this service or benefit					0
Now have new improved access to this service or benefit					0
Now receive a service or benefit that is no longer substandard					0
TOTAL:	0	0	0	0	0

PUBLIC FACILITY IMPROVEMENTS	Q1	Q2	Q3	Q4	TOTAL
Now have new access to this type of public facility					0
Now have improved access to this type of public facility					0
Are served by this type of public facility that is no longer substandard					0
TOTAL:	0	0	0	0	0

New Access to a service is when a service is offered for the first time. This indicator would be used in the instance when a public service has not previously been available to these households. For instance, the grantee might elect to fund a new job [i.e. transportation program for working mothers]. No such program currently exists in the jurisdiction and so this is access to a new service for these households.

Improved

Access to a service is when a service was offered, but the public service activity allowed the grantee to expand the service, in terms of size, capacity, or location [i.e. an existing meals on wheels program only provided lunch and the expanded service provides lunch and dinner service] For these households this would constitute improved service. If a grantee is re-funding an ongoing program, the improved access indicator is generally used.

Where the public service activity was used to meet a quality standard or measurably improved quality, report on the number of persons that **no longer** only have access to a **Substandard Service**.

SECTION II - PROGRAM NARRATIVE

1. Discuss progress in meeting your goals and objectives during the reporting period including a comparison of proposed goals versus actual accomplishments. (See Part I - Client Data Section A. for proposed vs. actual data)

2. Problems and Resolutions: Discuss any challenges encountered by policy or program operations and describe action taken to meet or resolve them during the reporting period.

REIMBURSEMENT DOCUMENTATION CHECKLIST

****DO NOT SEND ORIGINAL DOCUMENTS. Please send copies and keep originals for auditing purposes**

****Only items on your approved budget will be considered for reimbursement**

Costs Incurred	Required Documentation
SALARIES/FRINGE BENEFITS (PERSONNEL EXPENSES)	Payroll detail registers by each position for which reimbursement is being requested AND timesheets for each position for which reimbursement is being requested. Timesheets must meet the following requirements: ** Must reflect an after-the-fact distribution of the actual activity of each employee ** Must account for the total activity for which each employee is compensated ** Must be prepared at least monthly and must coincide with one or more pay periods ** Must be signed by the employee and employee's supervisor
**Also include: copies of checks to support payment was made for salaries and to support payment was made for fringe benefits (i.e. health insurance provider).	
OFFICE /SUPPLIES / EQUIPMENT / PRINTING	Vendor invoices and receipts
**Please note: While not required for submittal with the pay request, the subrecipient must have a written procurement policy that meets the minimum standards of 24 CFR part 84.41 through 84.48	
RENT/LEASE	A copy of lease agreement should be submitted with first invoice
**Please note: Rental costs under leases are allowable only up to the amount that is considered reasonable given the rental costs of comparable property.	
MORTGAGE	* A copy of the monthly mortgage statement * Copies of cancelled check to support payment was made
UTILITY/PHONE	* Monthly invoices/statements including summary pages with detailed expenses * Copies of cancelled checks or receipts to support payment was made
CONSULTANTS OR PROFESSIONAL SERVICES	Copy of third-party contract, if any
TRAVEL AND MILEAGE	Copy of internal expense voucher signed by employee claiming reimbursement and by supervisor. At minimum, the voucher shall include the origin and destination of the trip, the date & time and purpose of the trip. Statement should include current mileage rate the agency is using for personal vehicles.

ANNUAL NARRATIVE (FOR YEAR END ONLY)**INSTRUCTIONS**

- Narrative must be typed and single-spaced
- Include your name and project name on the first page
- Answer all of the questions in the order listed
- Use headings as provided
- Submit one hard copy
- Report should not be more than 3 pages long

A. Outcomes

1. List the original outcome(s) of the grant, and describe the extent to which they were achieved during the reporting period.
2. Please interpret the outcome information provided above. In other words, why do you believe your program/project has been successful in achieving its outcomes (e.g. exceptional staff, good curriculum, etc.) ? Or, if your program/project was not as successful as you had hoped, why were you not able to achieve the desired outcomes (e.g. high unemployment, heavy staff turnover, etc.) ?
3. Please describe any unanticipated benefits or challenges encountered for this project/program during this reporting period.
4. Describe how collaborative/cooperative efforts affected outcomes. (How did the partnerships with other individuals and organizations impact the planning, implementing, funding and/pr evaluation of this project/program ?)

B. Lessons Learned

1. Variances from original project/program plans often occurs. In what ways has the actual program/project varied (in terms of implementation, activities, etc.) from your initial proposal? Describe how and why.
2. What do you consider the most important "Lessons Learned" from this project/program.
3. Based upon your answer to Section A: Question #2, what changes do you plan to make in the project/program to ensure greater success in the future ? (If the project is complete, what changes would you make if you had to do it over again?)
4. What recommendations would you make to other project directors working in this area or to the City?

C. Future Plans

1. What is your vision of this project/program over the next three years? Include plans and rationale for ongoing funding, expansion, replication or termination.

D. Public Relations

1. Provide a "human interest story" that helps explain the success (outcomes) of the project/program.
2. Attach any printed material relating to the funded project/program such as press or news items, brochures, photographs, etc.

E. Feedback (Optional)

1. Note any suggestions, criticisms, difficulties regarding City requirements, communications, etc...