

**City of Holyoke Office for Community  
Development FY2019 Community  
Development Block Grant Request for  
Reimbursement**

Date:

Agency Name:

Activity Name:

Total Grant Award:

Reimbursement Amount This Request:

Award Balance Remaining:

Number of Clients Served By This Request:

Supporting Documentation (Attached):

FY2019 Client Intake Form(s) (Fully completed and signed by client)  
Client Registration Form(s) for Activity  
Proof of Completion of Activity or Service Provided to Client(s)  
Pamphlet, flyer, or recruitment material for activity  
Client Attendance Record(s)  
Activity Funding Update Form

\*\*Supporting documentation must be attached to this request.\*\*

\*\*Please refer to the Scope and Budget Form for the per client reimbursement rate.\*\*

Name of Person Completing This Request:

Telephone Number:

Email Address:

**Certification:**

On behalf of the agency listed above, I certify that this information is complete and accurate. I agree to provide, upon request, additional documentation to the City of Holyoke and/or HUD. I certify that all Community Development Block Grant (CDBG) funds for the above-listed activities have been/will be utilized solely for CDBG-eligible expenses and solely for the benefit of the named clients of the funded activity.

Signature:

Date: