

EXHIBIT D

Request for Payment Housing Development Project

Agreement Number		CDBG/HOME Select One	Request No
Sub-Recipient/CHDO Information:			
Agency Name:		Contact:	
Address:		Phone:	
		Fax:	

Project Location / Street Address:

	(+)Project Budget	(+)Additional Allocations by Amendment	(+) Proceeds / Program Income	(-)Current Expenditures
Site Acquisition	\$ -			
Site Work	\$ -			
Construction Contracts	\$ -			
Marketing				
Developers Fee				
On-Site Utilities				
Appliances				
Other:	\$ -			
Other:				
Other:				
Other:				
Totals	\$ -	\$ -	\$ -	\$ -

Original Grant Allocation		Must be spent prior to drawing grant funds
Previous Grant Expenditures		
Additional Allocation	\$ -	
Proceeds/Program Income	\$ -	
Current Expenditures	\$ -	
Projected Expenditures	\$ -	
Total Request	\$ -	
New Grant Balance	\$ -	

Certification: I certify this Request for Payment has been prepared in accordance with the terms and conditions of grant agreement with and the amount requested is proper for payment to the drawer or for credit to the account of the drawer at the drawer's bank. I also certify above is correct and the amount of Request for Payment is not in excess of current needs.

1/1/2011		
Date	Authorized Signature	Title
1/1/2011		
Date	Authorized Signature	Title
For Office Use Only		
Date	CDD Signature	Voucher #

Date 1/1/2011

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(-)Projected Expenditures
\$ -
\$ -

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1 the City of Fort Smith
ertify the date reported

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Revised 9/11