

REQUEST FOR PAYMENT OF CDBG FUNDS

CFDA 14.228

PART I: REQUEST FOR PAYMENT INFORMATION

GRANTEE - NAME City of MarysvilleGRANT NO. 20-CV-097STREET ADDRESS 209 N. 8th St.REQUEST NO. 2

PO BOX _____

cityclk@bluevalley.netCITY, STATE, ZIP Marysville, KS 66508

Grantee's - E-mail address for notifying about ACH deposit

ctorkelson@nckcn.com

Administrator - E-mail address for notifying about ACH deposit

PART II: STATUS OF CDBG FUNDS

	AMOUNT
1 PAYMENT DUE & AMOUNT OF THIS REQUEST	<u>35,000.00</u>
2 CDBG GRANT AWARD	<u>171,400.00</u>
3 PROGRAM INCOME AND OTHER RECEIPTS	_____
4 TOTAL FUNDS (2 + 3)	<u>171,400.00</u>
5 CDBG FUNDS RECEIVED TO DATE	<u>131,400.00</u>
6 TOTAL (1 + 5)	<u>166,400.00</u>
7 REMAINING CDBG FUNDS (4 - 6)	<u>5,000.00</u>

PART III: CERTIFICATION

I HEREBY CERTIFY THAT THE DATA REPORTED ABOVE IS CORRECT AND THAT THE AMOUNT REQUESTED IS NOT IN EXCESS OF CURRENT NEEDS

DATE 2-16-21 SIGNATURE _____TITLE City ClerkDATE 2/16/21 SIGNATURE _____TITLE City Administrator

PART IV: APPROVAL (FOR KANSAS DEPT. OF COMMERCE USE ONLY)

CDBG APPROVAL:

1. CONTRACT TERMINATION DATE: _____

2. AUTHORIZED SIGNATURE: _____

3. MONITORING RESOLUTION: CURRENT / PAST DUE / NA

4. QUARTERLY PROGRESS REPORTS: CURRENT / PAST DUE

FIELD REPRESENTATIVE _____ DATE _____

FISCAL _____ DATE _____

Kansas Department of Commerce
Small Cities Community Development Block Grant

(For Economic Development Grants, please attach a copy of summary of payment)

CDBG-F-CD
6/2017 (REV)

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