

CDBG Draw Request Project Ledger

Project Name & Number _____				
Grant Agreement Period		From: _____	To: _____	
Grant Funds Recipient: _____				
GRANT FUNDS AWARDED →				
Description	Request for Reimbursement	Request for Obligation	Net Reimbursement/ Obligation	Balance
Task #1:	Volunteer Training			
Request 1	-	-	-	
Request 2	-	-	-	
Request 3	-	-	-	
Request 4	-	-	-	
	Sub-Total	-	-	-
Task #2:	Equipment			
Request 1	-	-	-	
Request 2	-	-	-	
Request 3	-	-	-	
Request 4	-	-	-	
	Sub-Total	-	-	-
Task #3:	Supplies			
Request 1	-	-	-	
Request 2	-	-	-	
Request 3	-	-	-	
Request 4	-	-	-	
	Sub-Total	-	-	-
Task #4:	Media/ Outreach			
Request 1	-	-	-	
Request 2	-	-	-	
Request 3	-	-	-	
Request 4	-	-	-	
	Sub-Total	-	-	-
Task #4:	Security			
Request 1	-	-	-	
Request 2	-	-	-	
Request 3	-	-	-	
Request 4	-	-	-	
	Sub-Total	-	-	-
	TOTAL REIMBURSEMENT REQUEST	TOTAL ADVANCE REQUEST	TOTAL REQUESTS SUBMITTED	FUNDING AGREEMENT CASH BALANCE
	0.00	0.00	0.00	0.00

**STATE OF NEVADA
GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT**

Project I.D. & Name:	0	
Reporting Period:	To:	From:
Reporting Agency Name/Address:		

PRIOR OBLIGATIONS: TO PROVE PRIOR OBLIGATIONS AS EXPENSES

(This is an EXPENSE total. Must attach City/County Check Copies)

Volunteer Training	\$	-		Supplies	
Equipment				Media/ Outreach	
Security					
TOTAL PRIOR OBLIGATION EXPENSE			\$		-

CURRENT OBLIGATION REQUEST

PROJECT TASK (Per Approved Work Plan)	Request 1	Request 2	Request 3	Request 4	Total Obligation Requests
Volunteer Training	-	-	-	-	-
Equipment	-	-	-	-	-
Supplies	-	-	-	-	-
Media/ Outreach	-	-	-	-	-
Security	-	-	-	-	-
TOTALS (Sum of lines thru):	\$ -				

REIMBURSEMENT REQUEST

PROJECT TASK (Per Approved Work Plan)	Request 1	Request 2	Request 3	Request 4	Total Reimbursement Requests
Volunteer Training	-	-	-	-	-
Equipment	-	-	-	-	-
Supplies	-	-	-	-	-
Media/ Outreach	-	-	-	-	-
Security	-	-	-	-	-
TOTALS (Sum of lines thru):	\$ -				

CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 101 and Title 31, Section 3729-3730 and 3801-3812). I certify that the information reported is correct and expenditures are in accordance with the approved grant award. I also certify that the amount of funds requested is not in excess of current grant award.

Prepared By:	Date:
Approved By:	Date:
GOED Financial Approval:	Date:
GOED Administrative Approval:	Date: