



OFFICE OF HOUSING & NEIGHBORHOOD DEVELOPMENT
TOWN OF HAMDEN, CONNECTICUT

Subrecipient Financial Report: Request for Funds/Status of Funds

Please submit this form with each invoice or request for payment. (Not necessary to wait for quarterly submittal)

Name of Organization _____

Date _____

Payment Request Number _____

Final Request [] Yes [] No

Part I: Request for Funds

A. Total amount of funds previously requested (do not include this request): \$ _____

B. Amount of this request: \$ _____

C. Total amount of funds received including this request (Line A + Line B): \$ _____

Part II: Status of Funds

D. Amount of approved grant: \$ _____

E. Total of all requests (Line C) \$ _____

F. Balance of funds remaining (Line D – Line E) \$ _____

Part III: Major Purchases

Detail of any purchase over \$250:

Signature of person completing form

Print and Name and Title

Part IV: Authorization

This section to be completed by the Office of Housing and Neighborhood Development Program Manager. I hereby certify that the services or supplies for which payment is being requested are consistent with the terms of the subrecipient's Award Agreement. Therefore, I authorize the Hamden's Finance Department to process the attached invoice(s), the sum of which corresponds with the amount request on Line B.

Community Development Program Manager

**PUBLIC SERVICE AGENCY
REPORT TO THE GRANTEE**

Recipient Organization: Please complete the following items and submit with reimbursement request in each reporting period.

Project Title and Address _____

Activity Name and Description

Race/Ethnicity of persons served by the Project: (Report actual numbers)

_____ White, Non-Hispanic
_____ Black, Non-Hispanic
_____ Hispanic
_____ Asian/Pacific Islander
_____ American Indian/Alaskan Native
_____ TOTAL

_____ Number of Female Head of Households

Indicate type of project(s) and service(s)

_____ emergency shelter facility	_____ Transitional housing
_____ vouchers for shelters	_____ outreach
_____ drop-in-center	_____ soup kitchen/meal distribution
_____ food pantry	_____ health care
_____ mental health	_____ HIV/AIDS services
_____ alcohol/drug program	_____ employment
_____ child care	_____ Homeless prevention
_____ Other (please list) _____	

Number of People Served for each activity:

Residential Services:
Average number of adults only _____
Average number of children daily _____
Average number served yearly _____

Non-Residential Services
Average number serviced daily _____