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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| St. Louis County, MN | | St. Louis County, Minnesota  **Construction Payment Request**  **HUD Entitlement Programs – CDBG** | | | | | | | | | | | | | Form  **1004**  Rev. 9-14-2021 |
| This form is used to request payment for construction projects. Additional Information: [www.stlouiscountymn.gov/communitydevelopment](http://www.stlouiscountymn.gov/communitydevelopment) | | | | | | | | | | | | | | | |
| **Request Information** | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | Organization Fund/Invoice Number (Optional): | | | | | | |
| Project Name: | | | | | | | | | St Louis County Contract Number: | | | | | | |
| Organization Name: | | | | | | | | | Contact Person: | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | |
| Phone: | | | | | | | | | Email: | | | | | | |
|  | | | | | | | | | | | | | | | |
| Project Year: | | | | | Request Period: | | | | | | Percentage of Completion:        % | | | | |
| Request for reimbursement of eligible costs totaling:  $ | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Source** | **Project Budget** | | | **Previous Request** | | **Current Request** | | | | | **Total Request YTD** | | | **Balance Available** | |
| CDBG | $ | | | $ | | $ | | | | | $ | | | $ | |
| Applicant | $ | | | $ | | $ | | | | | $ | | | $ | |
| Other: | $ | | | $ | | $ | | | | | $ | | | $ | |
|  | | | | | | | | | | | | | | | |
| Narrative (Current Progress on Project): | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Attestation** | | | | | | | | | | | | | | | |
| *I hereby certify and attest that the above-submitted costs are true and correct, that the accompanying documents are valid, and that the services described therein were duly rendered.* | | | | | | | | | | | | | | | |
| Authorized Recipient Name: | | | | | | | Title: | | | | | | Date: | | |
|  | | | | | | | | | | | | | | | |
| **Contact** Planning and Community Development | | | | | | | | | | | | | | | |
| **Duluth Office** | | | | | | | | **Virginia Office** | | | | | | | |
| Government Services Center  320 W 2nd Street, Suite 301  Duluth, MN 55802 | | | Phone (218) 725-5200  Toll Free (800) 450-9278  [www.stlouiscountymn.gov/communitydevelopment](http://www.stlouiscountymn.gov/communitydevelopment) | | | | | Government Services Center  201 South 3rd Avenue West  Virginia, MN 55792 | | | | Phone (218) 725-5200  Toll Free (800) 450-9278  [www.stlouiscountymn.gov/communitydevelopment](http://www.stlouiscountymn.gov/communitydevelopment) | | | |
|  | | | | | | | | | | | | | | | |
| ***Office Use Only*** | | | | | | | | | | | | | | | |
| Date Received:  Approved to process payment request  On **HOLD** reason: | | | | | | | | | | | | | | | |
| Approver: | | | | | | | | | | Date: | | | | | |