



St. Louis County, MN

ST. LOUIS COUNTY, MINNESOTA

Housing Payment Request

HUD Entitlement Programs – CDBG and HOME

Form

1005

Rev. 12-19-2023

This form is used to request payment and data collection reporting for **Housing Projects**. You **must** complete the **Data Collection Form** on page 2. **Public Service Agencies** should use **Form 1003. Infrastructure** and **Community Facility Projects** should use **Form 1004**.
More Information: www.stlouiscountymn.gov/communitydevelopment

Request Information

Date:	Organization Fund/Invoice Number (Optional):
Project Name:	
Organization Name:	Contact Person:
Mailing Address:	
Phone:	Email:

Funding Source (Check One) <input type="checkbox"/> CDBG <input type="checkbox"/> HOME	Project Year:	Request Period:
Percentage of Completion: %	Request for reimbursement of eligible costs totaling: \$	

Project Budget	Previous Request	Current Request	Total Request to Date	Balance Available
\$	\$	\$	\$	\$

Narrative (Accomplishments/Status of Project during reporting period):

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Attestation

I hereby certify and attest that the above-submitted costs are true and correct, that the accompanying documents are valid, that the services described therein were duly rendered, and that the work, for which payment is requested, was performed in accordance with the terms of the CDBG Subrecipient Agreement with the County of St. Louis.

Authorized Recipient Name:	Title:	Date:
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Contact Economic 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	Government Services Center 201 South 3rd Avenue West Virginia, MN 55792	Phone (218) 725-5200 Toll-Free (800) 450-9278 www.stlouiscountymn.gov/communitydevelopment

Office Use Only

Date Received:	St Louis County Contract Number:
<input type="checkbox"/> Approved to process payment request	IDIS Number:
<input type="checkbox"/> On HOLD reason:	
Approver:	Date:

Data Collection Form

Organization Name:

Project Name:

Persons Served and Racial/Ethnicity Characteristics: (Complete the columns below using numbers, NOT percentages)**Persons Served****# Number**

Number of Extremely Low Income Served (0-30%)

Number of Low Income Served (31-50%)

Number of Moderate Income Served (51-80%)

Number of Non-Low/Moderate Income Served (over 80%)

Total Number Served****Female Head of Household**

Total

Racial/Ethnic Categories**# Total****# Hispanic ***

White

Black or African-American

Asian

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

American Indian or Alaskan Native and White

Asian and White

Black or African-American and White

American Indian or Alaskan Native and Black or African-American

Other Multi-Racial

Total**

* # Hispanic – Please count how many are Hispanic AND listed rows racial category.

** Total Persons Served Must Equal Total of Racial Categories.