| **Shape  Description automatically generated with low confidence**  St. Louis County, MN | St. Louis County, Minnesota  **Payment Request**  **HUD Entitlement Programs – CDBG, ESG, HOME** | | | | | | | | | | | | | | | Form **1005**  Rev. 1-19-2022 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form is used to request payment and data collection reporting. 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: | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Funding Source  CDBG  ESG  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): | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **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: | | |
| If applicable, you must complete **Data Collection Form** on page 2.  **Construction Projects** should use Form 1004. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **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: | | | | | | |

|  |  |  |
| --- | --- | --- |
| **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 Non-Low/Moderate Income Served (over 80%) |  | |
| Number of Moderate Income Served (60-80%) |  | |
| Number of Low Income Served (50% or less) |  | |
| **Total Number Served\*\*** | **0** | |
|  | | |
| **Female Head of Household** | | |
| Total |  | |
|  | | |
| **Racial 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\*\*** | **0** | **0** |
| \* # Hispanic – Please count how many are Hispanic AND listed rows racial category.  \*\* Total Households Served Must Equal Total of Racial Categories. | | |