| **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 |
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| 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 Center320 W 2nd Street, Suite 301Duluth, MN 55802 | Phone (218) 725-5200Toll Free (800) 450-9278 [www.stlouiscountymn.gov/communitydevelopment](http://www.stlouiscountymn.gov/communitydevelopment)  | Government Services Center201 South 3rd Avenue WestVirginia, MN 55792 | Phone (218) 725-5200Toll 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.  |