

**Missouri Department of Economic Development
Community Development Block Grant Program
Request for Funds Form (RFF)**

CDBG Staff Use Only	
Staff:	_____
Check No:	_____
Check Date:	_____

RFF# _____
 Date _____
 Amount of this Request
 _____ \$0.00

Grantee Name: _____ **Project #** _____

Instructions: Submit the originally signed form to: CDBG Program, ATTN: RFF, Department of Economic Development PO Box 118, Jefferson City, MO 65102. The grantee must keep one copy for their files.

Section 1: Identification of Program Costs

PROGRAM ACTIVITIES

PAYEES per activity/details	(See Grant Contract Agreement. Appendix A /Funding Approval)	AMOUNT
	<i>Activity Number(list each only once)</i>	<i>DRGR #/Activity#</i>
Total (must equal Section 2, Total 1)		\$ -

**Section 2: Activity Budget Status Report
PROGRAM ACTIVITIES**

(See Grant Contract Agreement. Appendix A/Funding Approval)

Activity Name	DRGR # / Activity #	Grant Award	This Request	Previous Funds Requested	Remaining CDBG Funds
0	0		\$0.00		\$0.00
0	0		\$0.00		\$0.00
0	0		\$0.00		\$0.00
0	0		\$0.00		\$0.00
0	0		\$0.00		\$0.00
0	0		\$0.00		\$0.00
0	0		\$0.00		\$0.00
0	0		\$0.00		\$0.00
0	0		\$0.00		\$0.00
0	0		\$0.00		\$0.00
TOTALS		\$ -	\$ -	\$ -	\$0.00

Section 3: Authorized Signatures

I hereby affirm that the information above is true and correct, and the funds requested will be used according to the conditions of the CDBG grant agreement with the State of Missouri.

Typed name: _____ Signature: _____ Date: _____
 Typed name: _____ Signature: _____ Date: _____

Only authorized persons may sign the RFF form, and they must do so in the same manner as the signature card.

Preparer: _____ Phone: _____ Email: _____

NOTES:
