

APPENDIX B

BUDGET COST CONTROL REPORTING STATEMENT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FISCAL YEAR 2022

REPORTING PERIOD: _____

CONTRACT DATE: 7/01/21~ 4/30/22

AGENCY/PROGRAM: _____

Category	Total Amount Budgeted (a)	Total For Month (b)	Total Previous Months (c)	Total To Date (b + c) = (d)	Balance (a) - (b + c) = (e)
TOTAL:					

(All the above expenses are in accordance with the Scope of Service and terms of the contract.)

Certified by: _____ Title: _____

****No Request for Reimbursement will be processed without THIS form****

OFFICE USE ONLY

Recommended by Maureen Taylor: _____ Date: _____
Approved by Alex Pratt: _____ Date: _____
IDIS# _____