

**APPENDIX B**

**BUDGET COST CONTROL REPORTING STATEMENT**  
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
*FEDERAL FISCAL YEAR 2020-2021*

REPORTING PERIOD: \_\_\_\_\_

CONTRACT DATE: 7/01/20~ 4/30/21

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) |
|---------------|---------------------------|---------------------|---------------------------|-----------------------------|-----------------------------|
|               |                           |                     |                           |                             |                             |
|               |                           |                     |                           |                             |                             |
|               |                           |                     |                           |                             |                             |
|               |                           |                     |                           |                             |                             |
|               |                           |                     |                           |                             |                             |
| <b>TOTAL:</b> |                           |                     |                           |                             |                             |

(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\*\***

|                                      |             |
|--------------------------------------|-------------|
| <b>OFFICE USE ONLY</b>               |             |
| Recommended by Maureen Taylor: _____ | Date: _____ |
| Approved by Alex Pratt: _____        | Date: _____ |
| IDIS# _____                          | GL# _____   |