

Exhibit B

CDBG SUBRECIPIENT DRAW REQUEST

All requests for draws against a CDBG award must be made on this form and submitted, per the directions below to: Weld County CDBG Program, 1150 O Street, Greeley, CO 80632 or email to cmartin@weldgov.com (Shaded areas will be completed by Weld CDBG staff.)

Subrecipient:				IDIS Activity #TBD
Activity Name:			Activity Address:	
Contact Name:			Phone #:	
Email:			Fax #:	
Contract dates:	Start	End	Grant Amount:	

Weld CDBG Staff: Cynthia Martin, Sr. CDBG Analyst, cmartin@weldgov.com, 970 573-1769

DRAW INFORMATION **Draw #:** _____ **Draw Request Date:** _____
Weld CDBG Approval: _____

Budget Amount	Adjustment	Revised Budget	Drawn to Date	Requested Draw	Balance
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$

REQUIRED DOCUMENTATION FOR ACTIVITY DRAWS

- ☐ Progress Inspection Report
- ☐ Draw Request (signed by appropriate Subrecipient recipient)
- ☐ Contractor's billing is consistent with his/her Statement of Work and Contract
- ☐ Copy of ***itemized*** invoice from Contractor and cancelled check for payment.
- ☐ Copy of Subrecipient's payment to the Contractor for interim billings

IS THIS THE FINAL DRAW REQUEST? ☐ Yes ☐ No If so, submit/perform the following:

- ☐ Construction is 100% complete. (10% retainage may be held until all required reports have been received by Weld County CDBG Staff)
- ☐ Final Inspection Report
- ☐ After photos of work performed
- ☐ Draw Request (signed by appropriate Subrecipient recipient)
- ☐ Copy of ***itemized*** invoice from Contractor

- ☐ Copy of Subrecipient's payment to the Contractor for final billing
- ☐ Lien waiver signed.
- ☐ Beneficiary report completed.

SUBRECIPIENT CERTIFICATION: I hereby certify that the data above is correct, that this request is in accordance with the terms and conditions of the above referenced grant, and that the amount requested is not in excess of current needs.

Authorized signature: _____ Date: _____

FOR Weld CDBG USE ONLY:

- ☐ Confirm dates are contractual or amend contract
- ☐ All documentation/reporting received
- ☐ Verify final draw
- ☐ IDIS funding-increase/decrease as necessary

CDBG SUBRECIPIENT PROGRESS/INSPECTION REPORT

Submit this report with draw requests. No draw request will be processed without this report. (Shaded areas will be completed by Weld CDBG staff.)

Subrecipient:				IDIS Activity #
Activity Name:			Activity Address:	
Contact Name:			Phone #:	
Email:			Fax #:	
Contract dates:	Start	End	Grant Amount:	

Weld CDBG CONTACTS: Cynthia Martin cmartin@weldgov.com 970 573-1769

ACTIVITY DESCRIPTION

INSPECTION DATE: _____ **INSPECTED BY:** _____

PROGRESS/INSPECTION REPORT:

INSPECTOR SIGNATURE: By signature above, I certify that I have inspected the work performed at the above referenced address and that the completed work has been performed satisfactorily and in accordance with the Statement of Work.