MILWAUKEE COUNTY COMMUNITY DEVELOPMENT PROGRAM
FORM 1: PAYMENT REQUEST/FINANCIAL CONTROL

PROJECT _____ IDENTIFIER _____

SPONSOR _____

SPONSOR'S ADDRESS _____

REPORTING PERIOD COVERED: From_____ To_____

PERSON COMPLETING THIS FORM _____ PHONE _____

CURRENT PROGRAM YEAR GRANT TOTAL $_____

PAYMENT NUMBER	DATE	AMOUNT THIS REQUEST

COUNTY USE ONLY	
AMOUNT APPROVED	BALANCE AVAILABLE

The Sponsor certifies that all work was completed in compliance with regulations of the U.S. Department of Housing and Urban Development governing implementation of Milwaukee County's Community Development Block Grant Program, as specified in the project Agreement. Sponsor also certifies that none of the costs reported have been submitted to other funding sources for reimbursement.

AUTHORIZED SIGNATURE _____ AUTHORIZED SIGNATURE _____

DATE _____ DATE _____