NEIGHBORHOOD STAR REIMBURSEMENT REQUEST FORM

Project Title:
City Project Manager: [PED PM, PHONE NUMBER]
Project Manager: [ENTITY PM]

Entity Name:

Address:

Contract Effective Dates:

Draw Request #:

LOAN REIMBURSEMENT

BUDGET EXPENSE CATEGORY	TOTAL STAR BUDGET (A)	EXPENDED THIS PERIOD (B)	PREVIOUSLY EXPENDED (C)	UNEXPENDED BALANCE [A-B-C]	For city staff use: MATCH SPENT
Acquisition				$0.00	
Rehab: Residential				$0.00	
Rehab: Commercial				$0.00	
New Construction: Residential				$0.00	
New Construction: Commercial				$0.00	
Public Improvements				$0.00	
Direct Project Costs				$0.00	
Other				$0.00	
STAR Retainage (5%)				$0.00	
TOTALS	$0.00	$0.00	$0.00	$0.00	

GRANT REIMBURSEMENT

BUDGET EXPENSE CATEGORY	TOTAL STAR BUDGET (A)	EXPENDED THIS PERIOD (B)	PREVIOUSLY EXPENDED (C)	UNEXPENDED BALANCE [A-B-C]	For city staff use: MATCH SPENT
Acquisition				$0.00	
Rehab: Residential				$0.00	
Rehab: Commercial				$0.00	
New Construction: Residential				$0.00	
New Construction: Commercial				$0.00	
Private Open Space Improvements				$0.00	
Direct Project Costs				$0.00	
Other				$0.00	
STAR Retainage (5%)				$0.00	
TOTALS	$0.00	$0.00	$0.00	$0.00	

CERTIFICATE OF CONTRACTING AGENCY:

I hereby certify that the expenses and match funds documented above represent the actual value of costs incurred under the terms of the contract between the City of Saint Paul and this organization. I also certify that all federal, state and local regulations regarding expenditures and accounting procedures have been followed.

$0.00
Total requested

Signature (blue ink required) **date**

CITY APPROVAL:

I hereby certify that I have verified the reimbursement documents for this program and have placed them in the central filing system.

City project manager signature (required) **date**

Neighborhood Loan: 285-51-200-73220-51-203-xxxxx-73220 STAR Tracking #:

Neighborhood Grant: 285-51-200-73220-51-**202**-xxxxx-73220 STAR verification:

CIF # 0 Compliance verification:

Checks will be issued within 10 working days of receipt of verified and approved request form by PED Accounting Section.

SAMPLE