**Exhibit C**
**EXPENDITURE SUMMARY AND PAYMENT REQUEST (ESPR)**
**Community Development Block Grant (CDBG) - *Capital Projects***

**Agency Name** _____          **Program** _____

**Address** _____          **Grant Year** _____

_____          **Report Period:** _____

**Contact Person** _____          **Request No.** _____

**Phone** _____          **Date Submitted** _____

**DUNS #** _____

I.  GRANT BUDGET AND EXPENDITURES

|  |  | Entry fields | Entry fields | Auto calculation from tab 2 | Auto calculation |
|---|---|---|---|---|---|
| Budget Category/Description | ACTIVITY | TOTAL GRANT BUDGET | TOTAL OF PREVIOUS DRAWDOWNS | REQUESTED DRAWDOWN THIS PERIOD | NEW AVAILABLE BALANCE |
| Cat 1        *Ex. Engineering Serivces* |  |  | $         - | $         - | $         - |
| Cat 2 |  |  |  | $         - |  |
| Cat 3 |  |  |  | $         - |  |
| Cat 4 |  |  |  | $         - |  |
| Cat 5 |  |  |  | $         - |  |
|  |  |  |  |  |  |
| TOTAL | | $         - | $         - | $         - | $         - |

*Certification:*
I certify to the best of my knowledge and belief this report is true and complete in all respects, and all disbursements have been made for the purpose and conditions of this grant and have not been nor will be charged to any other grants.

*Manager / Fiscal Officer*

Name _____          Title _____

Signature _____          Date _____

*Administrator / Executive Director*

Name _____          Title _____

Signature _____          Date _____