

EXHIBIT A

EXPENDITURE SUMMARY AND PAYMENT REQUEST (ESPR)

HOME Investment Partnerships Program - *Tenant-Based Rental Assistance Program*

Agency Name City of Santa Maria

Address _____

Contact Person _____

Phone _____

DUNS # _____

Program Tenant Based Rental Assistance

Grant Year _____

Report Period: _____

Request No. _____

Date Submitted _____

I. GRANT BUDGET AND EXPENDITURES

EXPENDITURE TYPE	ACTIVITY	TOTAL GRANT BUDGET	TOTAL OF PREVIOUS DRAWDOWNS	REQUESTED DRAWDOWN THIS PERIOD	NEW AVAILABLE BALANCE
<i>Rental Assistance</i>	<i>Tenant Based Rental Assistance</i>		-	-	-
<i>Security Deposits</i>	<i>Tenant Based Rental Assistance</i>	-	-	-	-
<i>Utility Deposits</i>	<i>Tenant Based Rental Assistance</i>	-	-	-	-
	TOTAL	-	-	-	-

II. ATTACH TENANT DATA SHEET FOR THIS REPORTING PERIOD.

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 _____

Signature _____ Date _____