

**Community Development Block Grant (CDBG)
INVOICE REQUEST FOR PAYMENT**

Grantee Name	
Edison Address:	0
Edison Location:	0
ECD Speedchart# or Program#:	301141
Edison Contract ID# :	0
ECD Department ID#:	3300405105
Edison Vendor ID#:	0
County:	0
Remit To:	
0	

Invoice Request Number:	
Final Invoice Request? YES or NO	
Date of Invoice:	

Invoice Period:	Beginning	End

Amount of this Request:	0.00
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For ECD Use Only	
Date	CDBG Program Staff

Budget Line-Item	Total Project	Grantee Participation	% Grantee Participation	Grant Budget	% Grant Funds	Amount of Grant Funds Previously Invoiced	Beginning Grant Balance	Amount Requested for Current Invoice Period	Cumulative Amount Invoiced	Ending Grant Balance	Cumulative Percent Invoiced
A Construction	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
B Construction Inspection	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
C Engineering Design	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
D Engineering (other than design)	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
E Legal Services	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
F Appraisals	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
G Acquisition of Property	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
H Relocation (payments and assistance to pe	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
I Housing Rehabilitation (loans and grants for s	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
J Housing Inspection	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
K Clearance and Demolition of Structures	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
L Professional Fee	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
M Tap Fees (for "low and moderate income" b	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
N Environmental Review	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
O Other Non-Personnel Expenses	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
P Project Contingency	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total	\$0.00	\$0.00	0.00%	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!

Authorized Signature: _____ Date _____

Authorized Signature: _____ Title: _____ Date _____

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ECD Department ID#	3300405105
Edison Vendor ID#:	
County:	
Remit To:	

Invoice Request Number:	
Final Invoice Request? YES or NO?	
Date of Invoice:	
Invoice Period:	Beginning End
Amount of this Request:	0.00

Admin Contact Name	
E-mail Address	
Phone number	

Budget Line-Item Payee/Vendor Name	Contractor Invoice Number	Contractor Invoice Date	Total Project Amount Invoiced	Amount of Grantee Participation	Amount Charged to Grant Contract
Construction					
A1				0.00%	0.00%
A2				\$0.00	\$0.00
A3				\$0.00	\$0.00
A4				\$0.00	\$0.00
A5				\$0.00	\$0.00
A6				\$0.00	\$0.00
A7				\$0.00	\$0.00
A8				\$0.00	\$0.00
A9				\$0.00	\$0.00
A10				\$0.00	\$0.00
A11				\$0.00	\$0.00
A12				\$0.00	\$0.00
A13				\$0.00	\$0.00
A14				\$0.00	\$0.00
A15				\$0.00	\$0.00
Total Construction			\$0.00	\$0.00	\$0.00
Construction Inspection					
B1				\$0.00	\$0.00
B2				\$0.00	\$0.00
B3				\$0.00	\$0.00
B4				\$0.00	\$0.00
B5				\$0.00	\$0.00
B6				\$0.00	\$0.00
B7				\$0.00	\$0.00
B8				\$0.00	\$0.00
B9				\$0.00	\$0.00
B10				\$0.00	\$0.00
B11				\$0.00	\$0.00
B12				\$0.00	\$0.00
B13				\$0.00	\$0.00
B14				\$0.00	\$0.00
B15				\$0.00	\$0.00
Total Construction Inspection			\$0.00	\$0.00	\$0.00
Engineering Design					
C1				\$0.00	\$0.00
C2				\$0.00	\$0.00
C3				\$0.00	\$0.00
C4				\$0.00	\$0.00
C5				\$0.00	\$0.00
C6				\$0.00	\$0.00
C7				\$0.00	\$0.00
C8				\$0.00	\$0.00
C9				\$0.00	\$0.00
C10				\$0.00	\$0.00
C11				\$0.00	\$0.00
C12				\$0.00	\$0.00
C13				\$0.00	\$0.00
C14				\$0.00	\$0.00
C15				\$0.00	\$0.00
Total Engineering Design			\$0.00	\$0.00	\$0.00

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ECD Department ID#	3300405105
Edison Vendor ID#:	
County:	
Remit To:	

Invoice Request Number:	
Final Invoice Request? YES or NO?	

Date of Invoice:	
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Invoice Period:	Beginning	End

Amount of this Request:	0.00
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Admin Contact Name	
E-mail Address	
Phone number	

Budget Line-Item Payee/Vendor Name	Contractor Invoice Number	Contractor Invoice Date	Total Project Amount Invoiced	Amount of Grantee Participation	Amount Charged to Grant Contract
Engineering (other than design)					
D1				0.00%	0.00%
D2				\$0.00	\$0.00
D3				\$0.00	\$0.00
D4				\$0.00	\$0.00
D5				\$0.00	\$0.00
D6				\$0.00	\$0.00
D7				\$0.00	\$0.00
D8				\$0.00	\$0.00
D9				\$0.00	\$0.00
D10				\$0.00	\$0.00
D11				\$0.00	\$0.00
D12				\$0.00	\$0.00
D13				\$0.00	\$0.00
D14				\$0.00	\$0.00
D15				\$0.00	\$0.00
Total Engineering (other than design)			\$0.00	\$0.00	\$0.00
Legal Services					
E1				\$0.00	\$0.00
E2				\$0.00	\$0.00
E3				\$0.00	\$0.00
E4				\$0.00	\$0.00
E5				\$0.00	\$0.00
E6				\$0.00	\$0.00
E7				\$0.00	\$0.00
E8				\$0.00	\$0.00
E9				\$0.00	\$0.00
E10				\$0.00	\$0.00
E11				\$0.00	\$0.00
E12				\$0.00	\$0.00
E13				\$0.00	\$0.00
E14				\$0.00	\$0.00
E15				\$0.00	\$0.00
Total Legal Services			\$0.00	\$0.00	\$0.00
Appraisals					
F1				\$0.00	\$0.00
F2				\$0.00	\$0.00
F3				\$0.00	\$0.00
F4				\$0.00	\$0.00
F5				\$0.00	\$0.00
F6				\$0.00	\$0.00
F7				\$0.00	\$0.00
F8				\$0.00	\$0.00
F9				\$0.00	\$0.00
F10				\$0.00	\$0.00
F11				\$0.00	\$0.00
F12				\$0.00	\$0.00
F13				\$0.00	\$0.00
F14				\$0.00	\$0.00
F15				\$0.00	\$0.00
Total Appraisals			\$0.00	\$0.00	\$0.00

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Invoice Period:	Beginning	End

Amount of this Request:	0.00
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Phone number	

Budget Line-Item Payee/Vendor Name	Contractor Invoice Number	Contractor Invoice Date	Total Project Amount Invoiced	Amount of Grantee Participation	Amount Charged to Grant Contract
Acquisition of Property					
G1				0.00%	0.00%
G2				\$0.00	\$0.00
G3				\$0.00	\$0.00
G4				\$0.00	\$0.00
G5				\$0.00	\$0.00
G6				\$0.00	\$0.00
G7				\$0.00	\$0.00
G8				\$0.00	\$0.00
G9				\$0.00	\$0.00
G10				\$0.00	\$0.00
G11				\$0.00	\$0.00
G12				\$0.00	\$0.00
G13				\$0.00	\$0.00
G14				\$0.00	\$0.00
G15				\$0.00	\$0.00
Total Acquisition of Property			\$0.00	\$0.00	\$0.00
Relocation (payments and assistance to persons, businesses, or non-profit organizations, including mov					
H1				0.00%	0.00%
H2				\$0.00	\$0.00
H3				\$0.00	\$0.00
H4				\$0.00	\$0.00
H5				\$0.00	\$0.00
H6				\$0.00	\$0.00
H7				\$0.00	\$0.00
H8				\$0.00	\$0.00
H9				\$0.00	\$0.00
H10				\$0.00	\$0.00
H11				\$0.00	\$0.00
H12				\$0.00	\$0.00
H13				\$0.00	\$0.00
H14				\$0.00	\$0.00
H15				\$0.00	\$0.00
Persons, businesses, or non-profit organizations, including movement to other temporary or p			\$0.00	\$0.00	\$0.00
Housing Rehabilitation (loans and grants for single-unit, private-owned homes)					
I1				0.00%	0.00%
I2				\$0.00	\$0.00
I3				\$0.00	\$0.00
I4				\$0.00	\$0.00
I5				\$0.00	\$0.00
I6				\$0.00	\$0.00
I7				\$0.00	\$0.00
I8				\$0.00	\$0.00
I9				\$0.00	\$0.00
I10				\$0.00	\$0.00
I11				\$0.00	\$0.00
I12				\$0.00	\$0.00
I13				\$0.00	\$0.00
I14				\$0.00	\$0.00
I15				\$0.00	\$0.00
Housing Rehabilitation (loans and grants for single-unit, private-owned homes)			\$0.00	\$0.00	\$0.00

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Phone number	

Budget Line-Item Payee/Vendor Name	Contractor Invoice Number	Contractor Invoice Date	Total Project Amount Invoiced	Amount of Grantee Participation	Amount Charged to Grant Contract
Housing Inspection					
J1				0.00%	0.00%
J2				\$0.00	\$0.00
J3				\$0.00	\$0.00
J4				\$0.00	\$0.00
J5				\$0.00	\$0.00
J6				\$0.00	\$0.00
J7				\$0.00	\$0.00
J8				\$0.00	\$0.00
J9				\$0.00	\$0.00
J10				\$0.00	\$0.00
J11				\$0.00	\$0.00
J12				\$0.00	\$0.00
J13				\$0.00	\$0.00
J14				\$0.00	\$0.00
J15				\$0.00	\$0.00
Total Housing Inspection			\$0.00	\$0.00	\$0.00
Clearance and Demolition of Structures					
K1				\$0.00	\$0.00
K2				\$0.00	\$0.00
K3				\$0.00	\$0.00
K4				\$0.00	\$0.00
K5				\$0.00	\$0.00
K6				\$0.00	\$0.00
K7				\$0.00	\$0.00
K8				\$0.00	\$0.00
K9				\$0.00	\$0.00
K10				\$0.00	\$0.00
K11				\$0.00	\$0.00
K12				\$0.00	\$0.00
K13				\$0.00	\$0.00
K14				\$0.00	\$0.00
K15				\$0.00	\$0.00
Total Clearance and Demolition of Structures			\$0.00	\$0.00	\$0.00
Professional Fee					
L1				\$0.00	\$0.00
L2				\$0.00	\$0.00
L3				\$0.00	\$0.00
L4				\$0.00	\$0.00
L5				\$0.00	\$0.00
L6				\$0.00	\$0.00
L7				\$0.00	\$0.00
L8				\$0.00	\$0.00
L9				\$0.00	\$0.00
L10				\$0.00	\$0.00
L11				\$0.00	\$0.00
L12				\$0.00	\$0.00
L13				\$0.00	\$0.00
L14				\$0.00	\$0.00
L15				\$0.00	\$0.00
Total Professional Fee			\$0.00	\$0.00	\$0.00

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Invoice Period:	Beginning	End

Amount of this Request:	0.00
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E-mail Address	
Phone number	

Budget Line-Item Payee/Vendor Name	Contractor Invoice Number	Contractor Invoice Date	Total Project Amount Invoiced	Amount of Grantee Participation	Amount Charged to Grant Contract
Tap Fees (for "low and moderate income" beneficiaries)					
M1				0.00%	0.00%
M2				\$0.00	\$0.00
M3				\$0.00	\$0.00
M4				\$0.00	\$0.00
M5				\$0.00	\$0.00
M6				\$0.00	\$0.00
M7				\$0.00	\$0.00
M8				\$0.00	\$0.00
M9				\$0.00	\$0.00
M10				\$0.00	\$0.00
M11				\$0.00	\$0.00
M12				\$0.00	\$0.00
M13				\$0.00	\$0.00
M14				\$0.00	\$0.00
M15				\$0.00	\$0.00
Total Tap Fees (for "low and moderate income" beneficiaries)			\$0.00	\$0.00	\$0.00
Environmental Review					
N1				\$0.00	\$0.00
N2				\$0.00	\$0.00
N3				\$0.00	\$0.00
N4				\$0.00	\$0.00
N5				\$0.00	\$0.00
N6				\$0.00	\$0.00
N7				\$0.00	\$0.00
N8				\$0.00	\$0.00
N9				\$0.00	\$0.00
N10				\$0.00	\$0.00
N11				\$0.00	\$0.00
N12				\$0.00	\$0.00
N13				\$0.00	\$0.00
N14				\$0.00	\$0.00
N15				\$0.00	\$0.00
Total Environmental Review			\$0.00	\$0.00	\$0.00
Other Non-Personnel Expenses					
O1				\$0.00	\$0.00
O2				\$0.00	\$0.00
O3				\$0.00	\$0.00
O4				\$0.00	\$0.00
O5				\$0.00	\$0.00
O6				\$0.00	\$0.00
O7				\$0.00	\$0.00
O8				\$0.00	\$0.00
O9				\$0.00	\$0.00
O10				\$0.00	\$0.00
O11				\$0.00	\$0.00
O12				\$0.00	\$0.00
O13				\$0.00	\$0.00
O14				\$0.00	\$0.00
O15				\$0.00	\$0.00
Total Other Non-Personnel Expenses			\$0.00	\$0.00	\$0.00

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Invoice Period:	Beginning	End

Amount of this Request:	0.00
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Admin Contact Name	
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Phone number	

Budget Line-Item Payee/Vendor Name	Contractor Invoice Number	Contractor Invoice Date	Total Project Amount Invoiced	Amount of Grantee Participation	Amount Charged to Grant Contract
Project Contingency				0.00%	0.00%
P1				\$0.00	\$0.00
P2				\$0.00	\$0.00
P3				\$0.00	\$0.00
P4				\$0.00	\$0.00
P5				\$0.00	\$0.00
P6				\$0.00	\$0.00
P7				\$0.00	\$0.00
P8				\$0.00	\$0.00
P9				\$0.00	\$0.00
P10				\$0.00	\$0.00
P11				\$0.00	\$0.00
P12				\$0.00	\$0.00
P13				\$0.00	\$0.00
P14				\$0.00	\$0.00
P15				\$0.00	\$0.00
Total Project Contingency			\$0.00	\$0.00	\$0.00
TOTAL			\$0.00	\$0.00	\$0.00