DCED-FMC-CDBG-013 (10-15)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
FINANCIAL MANAGEMENT CENTER

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM INVOICE

VOUCHER NUMBER:

6. GRANTEE INVOICE NUMBER:

SECTION I: GENERAL INFORMATION

1. GRANTEE (NAME & ADDRESS):

2. DCED CONTRACT NUMBER:

3. CONTRACT AMOUNT:

4. CONTRACT ACTIVITY PERIOD *(MONTH, DAY, YEAR)*:
FROM: _____ TO: _____

5. INVOICE REPORTING PERIOD *(MONTH, DAY, YEAR)*:
FROM: _____ TO: _____

SECTION II: FISCAL INFORMATION

1. IDIS ACTIVITY NAME (INCLUDING ADMIN)	2. IDIS ACTIVITY NUMBER	3. EXPENDITURES THIS INVOICE PERIOD (DO NOT DEDUCT PROGRAM INCOME)	4. GRANTEE USE ONLY PROGRAM INCOME USED	DCED USE ONLY			
				ER DATE	CONDITIONS		
					NOT MET	MET	N/A
TOTALS							

See page 2 for additional lines, if needed.

SECTION III: INVOICE INFORMATION

1. Program Income On Hand	
2. Expenditures this Invoice Period	
3. Program Income Used	
4. Total Amount Requested (2-3=4)	

COMMENTS

SECTION IV: CERTIFICATION

I have reviewed and certified that all information submitted for processing of this payment request is accurate and eligible under the program. Program Income earned has been expended prior to drawing funds from IDIS.

1. GRANTEE'S AUTHORIZED SIGNATURE:	2. NAME & TITLE (TYPED OR PRINTED):	3. DATE:

Any false statements made willfully may be subject to penalties under Section 1001 of Title 18 of the United States Code.
The initial review performed by DCED on this invoice does not constitute acceptance of its associated expenditures.
DCED's Compliance Monitoring Division will conduct a comprehensive review during the contract period to ensure eligibility of all related expenditures.

4. CONTACT PERSON:	5. PHONE NUMBER:	6. EMAIL ADDRESS:	7. DATE SUBMITTED:

DCED USE ONLY

REVIEWER INITIALS:	☐ Approved ☐ Denied	DATE EMAIL SENT:

CONTRACT NUMBER:
GRANTEE INVOICE NUMBER:

SECTION II: FISCAL INFORMATION *(continued)*

1. IDIS ACTIVITY NAME (INCLUDING ADMIN)	2. IDIS ACTIVITY NUMBER	3. EXPENDITURES THIS INVOICE PERIOD (DO NOT DEDUCT PROGRAM INCOME)	4. GRANTEE USE ONLY PROGRAM INCOME USED	DCED USE ONLY			
				ER DATE	CONDITIONS		
					NOT MET	MET	N/A

INSTRUCTIONS FOR COMPLETION OF CDBG INVOICE

SECTION I: GENERAL INFORMATION

1. **Grantee Name & Address:** Use the Name & Address (i.e., local unit of government) as it appears on the grant contract.
2. **DCED Contract Number:** Located in the upper right corner of the contract or at the bottom right of the contract signature page.
3. **Contract Amount:** Located under Article I of the contract or first page of the most current amendment.
4. **Contract Activity Period:** Located under Article III of the grant contract or on the first page of the most current amendment.
5. **Invoice Reporting Period:** These dates should reflect the period the expenditures are incurred.
6. **Grantee Invoice Number:** Number grantee assigns to invoice for internal tracking, generally in sequential order per contract.

**** Voucher Number - This space is for the grantee's use when the invoice is approved and grantee draws funds from IDIS. Grantee can record the voucher number for internal invoice/voucher tracking.***

SECTION II: FISCAL INFORMATION

1. **IDIS Activity Name:** As entered by the grantee in HUD's Integrated Disbursement & Information System
2. **IDIS Activity Number:** Unique identifier assigned by IDIS once the activity has been added by the grantee. Can be found on a PR02 in IDIS.
3. **Expenditures This Invoicing Period:** Expenditures that have been actually incurred during the current invoicing period per activity.
4. **Program Income Used:** This column is for the grantee to use to record program income for draw down in IDIS.

**** Page 2 is included for additional lines if needed.***

SECTION III: INVOICE INFORMATION

1. **Program Income On Hand:** Current amount of program income that the grantee has in their account. ALL PROGRAM INCOME NEEDS TO BE REPORTED AND USED PRIOR TO CDBG FUNDS BEING DRAWN.
2. **Expenditures This Invoice Period:** The total amount under Column 4, Section II.
3. **Program Income Used:** The total amount under Column 5, Section II.
4. **Total Amount Requested:** Subtract 3 (Program Income Used) from 2 (Expenditures this Invoice Period)

SECTION IV: CERTIFICATION

1. **Signature:** Signature of person who reviewed and certified invoice as authorized by the municipality. (NOTE: Private contractors, consultants or contracted agencies (i.e. Community Action Program (CAP) Agencies, Councils of Government (COGs), Redevelopment Authorities, etc.) are NOT permitted to sign on behalf of the grantee/municipality. Invoices without the proper authorized official's signature will be rejected.
2. **Name & Title:** Type or print the name and title of individual who signed.
3. **Date:** Date Signed
4. **Contact Person:** List the name of the individual that can be contacted regarding any questions concerning the invoice.
5. **Phone Number:** Phone number (including area code) for the contact person.
6. **Email Address:** Valid email address for the contact person, where they can be reached regarding any questions concerning the invoice.
7. **Date Submitted:** Date the invoice is completed and submitted.

DCED USE ONLY

This section is reserved for DCED. Do not complete any information in this section.

SUBMISSION OF INVOICES

1. All invoices must be submitted to DCED electronically (via email). The grantees should attach the invoice and identify the associated program and contract number(s) along with the invoice number in the subject line of the email (e.g. 2012 CDBG – C000012345-#1) and submit to ra-dccdbghomeinv@pa.gov.
2. DCED will provide the sender with an "authorization" email within three full business days following submission if received by DCED by noon. Funds may NOT be drawn down prior to receiving email confirmation from the Financial Management Center Staff.
3. DCED reserves the right to reject any invoice where program income is not used before the drawing of additional federal funds.

Any questions regarding these instructions, please call DCED's Quality and Assurance and Operational Support Division at 717.787.7402.