

**Neighborhood Stabilization Program Request for Payment (RFP)**

Subrecipient Name:	<input type="text"/>	Date:	<input type="text"/>
Grant #:	<input type="text"/>	Fed. ID#:	<input type="text"/>
Contact Person:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	email:	<input type="text"/>
City, State, Zip:	<input type="text"/>		

Name of Organization Completing the Activity:

DRGR Activity #:  Request for Payment Number (for this property):

Property Address or line item:

1. Total Set-Up Amount for property:
2. Minus total amount of funds previously requested for property:
3. Available Balance:
4. Amount of **Grant Funds** requested this draw:
5. Amount of **Program Income Funds** requested this draw:
6. Total amount of Funds requested (Grant & PI):
7. Balance after payment:
8. Is this the final request for payment for this property? ☐ Yes ☐ No

The Recipient certifies that this Request for Payment is for eligible costs in accordance with the Neighborhood Stabilization Program and that proper documentation has been submitted to support this request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date:

SCSHFDA Approval by: \_\_\_\_\_ Date: