

**COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES**

U.S. Department of Housing and Urban Development  
Continuum of Care Homeless Assistance Programs

**Continuum of Care Program**

Grant No. \_\_\_\_\_ Claim No. \_\_\_\_\_

Prepared by: \_\_\_\_\_ Tel #/Ext. \_\_\_\_\_

Name of Payee: \_\_\_\_\_  
(Agency) (Tax ID or SSN)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

|           |                  |           |                     |           |              |
|-----------|------------------|-----------|---------------------|-----------|--------------|
| Line Item | Activity         | Line Item | Activity            | Line Item | Activity     |
| 1010      | Acquisition      | 1040      | Rental Assistance   | 1062      | COC Planning |
| 1020      | Rehabilitation   | 1050      | Supportive Services | 1100      | Leasing      |
| 1021      | New Construction | 1051      | HMIS                | 1120      | Other        |
| 1030      | Operating Cost   | 1060      | Administrative Cost |           |              |

Date of Service: \_\_\_\_\_

For DPSS Use Only

| Line Item    | Activity | Description | Cash/In-Kind Match | Amount Billed | Amount Paid |
|--------------|----------|-------------|--------------------|---------------|-------------|
|              |          |             |                    |               |             |
|              |          |             |                    |               |             |
|              |          |             |                    |               |             |
|              |          |             |                    |               |             |
|              |          |             |                    |               |             |
|              |          |             |                    |               |             |
| <b>TOTAL</b> |          |             |                    |               |             |

PLEASE NOTE: All source documents and proof of payment have been attached. These source documents include invoices (not billing statements), payroll registers, receipts and contracts. Proof of payment is herein attached in the form of copies of checks or warrants.

I declare under penalty of perjury that the foregoing is true and correct.

Authorized Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

| For DPSS Use Only    |  |                  |
|----------------------|--|------------------|
| Business Unit: _____ | Purchase Order #: _____  | Invoice #: _____ |
| Dept. ID: _____      | If amount authorized is different from amount requested, please explain: |                  |
| Fund: _____          | _____  |                  |
| Account: _____       | _____  |                  |
| Program: _____       | Program: _____   | Date: _____      |
| Project/Grant: _____ | MRU: _____   | Date: _____      |
| Vendor Code: _____   | Contracts: _____   | Date: _____      |