**PROGRAM INCOME CERTIFICATION**

Please review the Program Income Policy complete the questions below. For the purposes of this certification all potential CDBG program income generated in the program year should be counted and reported, regardless of the $35,000 threshold.

**Program Income Contact**

Unit of General Local Government Name:

Primary Program Income Contact for UGLG:

Contact email:

Contact phone:

**Program Income Information for Program Year:** (fill in years)   **J**uly 1,  – June 30,

Program Income (PI) was received for the program year above:  YES  NO

Total UGLG for the program year above, was less than $35,000:  YES  NO

Amount of PI received for the program year above, was: $

UGLG has received receipts for **more than $35,000 for the above program year and will contact the MEDC in order setup the use of PI**. The budget for these funds is as follows:

|  |  |
| --- | --- |
| Budget for Program Income received in excess of $35,000 in PY | |
| Emergency Repair Project Costs | $ |
| Administration Costs | $ |
| **TOTAL** | **$** |

UGLG intends to **use PI under $35,000 for non-CDBG eligible activities** or without full CDBG compliance and requests confirmation from the MEDC to proceed.

UGLG intends to **return all program income receipts** for the program year above. The MEDC – CDBG Program accepts return of funds via EFT or check. For questions relating to returning CDBG funds please contact either Louis Vinson at [vinsonl1@michigan.org](mailto:vinsonl1@michigan.org) or Jonathon Lukco at [lukcoj1@michigan.org](mailto:lukcoj1@michigan.org)

|  |  |
| --- | --- |
| **Pay by Electronic Funds Transfer**  Send payment to:  Routing # 072000326  Account # 878375851  Account Name: Strategic Fund Agency  ACH to: JP Morgan Chase Bank, N.A.  For credit to: State of Michigan | **Pay by Check**  Payable to: “State of Michigan”  Memo: Grant Number if applicable  Mail to:  MEDC – CDBG Program  300 N. Washington Square  Lansing, MI 48913 |

**Certification**: I certify that to the best of my knowledge and belief that the report is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enter Name of Signee**