City of Oakland
Department of Human Services—Fiscal Services

# Request for Funds

Mail signed original hard copy invoices:
Alameda County - Oakland Community Action Partnership
150 Frank H. Ogawa Plaza, Ste. 4340
Oakland CA 94612
**Attn: Program Analyst**

Federal Award# 14F-3002
CFDA # 93.569

Requisition No.: _____
Period Ending: _____
Date Submitted: _____

**Grantee: Agency's Name**

☐ ALAMEDA **X OAKLAND**

**ATTACH:** Expense Documents by Budget Category form(s)

| Expense Budget Category | Approved Budget | Current Amount Requested | Total Requested to Date | Unexpended Budget Balance |
|---|---|---|---|---|
| | **Column A** | **Column B** | **Column C** (B + C from previous RFF ) | **Column D** (A-C) |
| A. Personnel | | | | |
| B. Other Direct Costs | | | | |
| C. Miscellaneous | | | | |
| D. Consultants | | | | |
| E. Subcontracts | | | | |
| Advancement (Authorization required) | | | | |
| | | | | |
| F. Program Total | | | | |

SAMPLE

**Grantee:** I certify that the information contained in this request is correct and that the expenditures herein supported by attached payrolls, invoices, and proof of payment, were made in accordance with the conditions of the contract/MOU.

_____ _____ _____
**APPROVED BY (NAME)** **TITLE** **DATE**

This form was prepared by (please print):

_____ _____ _____
**NAME / TITLE** **PHONE** **EMAIL**

## AC-OCAP STAFF ONLY

The above grantee has met the programmatic terms and conditions set forth in the contract/MOU for the month of _____, 20___, payment in the amount of $_____ is hereby authorized.

_____ _____ _____
SIGNATURE TITLE DATE

REVIEWED BY: _____ DATE: _____