**FORM 9**

**CERTIFICATION OF ADMINISTRATIVE EXPENDITURES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GRANTEE NAME | | | EMERGENCY REPAIR PROGRAM | | |
| BUDGET LINE ITEM | TOTAL ADMIN BUDGET | EXPENDITURES ALREADY REQUESTED | | EXPENDITURES THIS REQUEST | UNEXPENDED BUDGET BALANCE |
| ***Direct Costs*** |  |  | |  |  |
| SALARIES |  |  | |  |  |
| FRINGE |  |  | |  |  |
| TRAVEL |  |  | |  |  |
| ***Indirect Costs*** |  |  | |  |  |
| COMMUNICATIONS |  |  | |  |  |
| UTILITIES |  |  | |  |  |
| SUPPLIES |  |  | |  |  |
| MAINTENANCE |  |  | |  |  |
| RENT |  |  | |  |  |
| STAFF TRAINING |  |  | |  |  |
| AUDIT |  |  | |  |  |
| TOTAL |  |  | |  |  |

**TIME FRAME COVERED BY THIS REQUEST: FROM\_\_\_\_\_\_\_\_\_ TO\_\_\_\_\_\_\_\_\_\_**

**TOTAL AMOUNT THIS REQUEST: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INDIRECT COST RATE, IF COST ALLOCATION PLAN IN PLACE: \_\_\_\_\_\_\_%**

I certify that the above expenditures have been made in the administration of the THDA Emergency Repair Program grant cited above. I further certify that invoices or other appropriate documentation to substantiate this requisition are contained in our program files, and attached to this payment request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Director or Chief Financial Officer