

EXHIBIT III-H

ESTIMATED EXPENDITURES FORM

For Economic Development projects, fax this form to:
CDBG Program Staff, (303) 892-3848

Name of Grantee: _____

State Contract No: C- _____

Name/Title of Project: _____

Reporting Period:

___ January 1 through March 31, ___

___ April 1 through June 30, ___

___ July 1 through September 30, ___

___ October 1 through December 31, ___

I estimate that the CDBG contract expenses incurred to date, but not requested from the state, are approximately

\$ _____ for the reporting period stated above.

Signature, Title

Date