

**Kentucky Community Development Block Grant  
SEMI ANNUAL REPAYMENT REPORT  
PROGRAM INCOME/MISCELLANEOUS REVENUE/LDA PROCEEDS REPORT**

**Period Ending**  
**Submission date**

**00/00/0000**  
**00/00/0000**

Grantee Name	Address	
Non-Profit	Address	
Name of person preparing report	Phone Number	Fax Number
Address:	(     )	(     )
Email Address:		
<p>The Chief Executive Officer certifies that:</p> <p style="margin-left: 40px;">a) To the best of his/her knowledge and belief, the information in this report was true and correct as of the date of the report.</p> <p style="margin-left: 40px;">b) The records as required by the Commonwealth are being maintained and will be made available upon request</p>		
Typed Name of CEO	Title	
Signature of CEO	Date	

For State Use Only		
Reviewed By	Approved By	Date







