Deliverable Payment Verification (DPV) Form

___Contract <u>x</u>Subgrant

Contractor/Subrecipient Name: <u>City of Columbus, Mayor's Office</u>

Reviewer Name: <u>Kimberly Johnson</u>

Reviewer Phone#: <u>614 930 0184</u> Contract/Award Period: <u>7/1/22-5/31/25</u>

Review Period (Reimbursement Period): 03/01/24 - 03/31/24

of Deliverables Reimbursed: <u>5</u> Contract Number/Subgrant Project Number: <u>025200210I0123</u>

1. Contractor/Subrecipient requesting payment for Deliverable #

Deliverable No. (#)	Deliverable Name	Deliverable Payment Requested for Current Period (Must match GMIS or vendor invoice)	Deliverable met, okay to pay? Yes or No
1			
2			
3			
4			
5			
6	6.1 Monthly Status Report		Yes
	6.2 HIP log	\$5818.18	
7	7.1 Monthly TA Meeting		Yes
	7.2 OHIZ Evaluator Meeting	\$4363.62	
	7.3 Monthly TA Meeting -HIP		
8	8.1 Quarterly Collaborative Meeting		
	8.2 Quarterly Collaborative Meeting -HIP	\$6000.00	Yes
9	9.1 Draft Final Impact Report		
	9.2 Final Impact Report	\$12,900	Yes
10	10.t Reallocation of grant funds proposal, budget and workplan	\$156,000.00	No

- 2. Deliverable(s) have been met and all payments can be processed. ____Yes ___X__No Note: This should only be "yes" if all deliverables have been met on the expenditure report being processed.
- 3. If No: Fill in **Deliverable Name**, **Amount Disallowed**, and **Reason** for disallowance.

Deliverable	Deliverable Name	Amount	Reason
No.		Disallowed	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10	Reallocation of grant funds proposal, budget and		
	workplan	\$156,000.00	Approved budget not submitted

4. List all documentation submitted and reviewed.

Deliverable 6- Monthly status reports and Hip log

Deliverable 7-Montly TA meetings; Evaluator Meeting; Monthly TA meetings- HIP

Deliverable 8-Quarterly collaborative meeting; Quarterly collaborative meeting -HIP

Deliverable 9-Draft Final Impact Report; Final Impact Report

Deliverable 10-Reallocation of grant funds proposal, budget and workplan

Signatures:

	Kimberly Johnson	07/12/2024
Reviewer		Date

OFA/Accounting Unit (if applicable)

Date

Note: Include verification form with contractor invoice or attach a copy in the "Expenditure Report Comments" section in GMIS.