

## Deliverable Payment Verification (DPV) Form

\_\_\_\_\_ Contract        x   Subgrant

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

Reviewer Name: Kimberly Johnson

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

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

# of Deliverables Reimbursed:   5        Contract Number/Subgrant Project Number: 025200210I0123

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	\$5818.18	Yes
	6.2 HIP log		
7	7.1 Monthly TA Meeting	\$4363.62	Yes
	7.2 OHIZ Evaluator Meeting		
	7.3 Monthly TA Meeting -HIP		
8	8.1 Quarterly Collaborative Meeting	\$6000.00	Yes
	8.2 Quarterly Collaborative Meeting -HIP		
9	9.1 Draft Final Impact Report	\$12,900	Yes
	9.2 Final Impact Report		
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.

