

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF FINANCIAL ASSISTANCE
FEDERAL PROGRAMS BRANCH
Community Development Block Grant Program**

651 Bannon Street, Ste 800
Sacramento, CA 95833
P. O. Box 952054, MS 500
Sacramento, CA 94252-2054
(855) 333-CDBG (2324) / FAX (916) 263-2762
www.hcd.ca.gov



**Return of Neighborhood Stabilization Program (NSP)
Program Income**

Date: _____

From: NSP Grantee Name: _____

RE: NSP Grant No. _____,

Please find attached a warrant/check for NSP Program Income in the amount of
\$_____. The amount includes:

☐ Interest in the amount of \$ _____.

☐ NSP Program Income \$ _____.

Activity Type	Activity Code	Amount Returned by Activity

The funds, along with this form, are to be forwarded to:

Department of Housing and Community Development
Neighborhood Stabilization Program
Attn: ACCOUNTING DPT.
PO Box 952054
Sacramento, CA 94252-2054

For Final NSP PI Return of Funds Only:

☐ I certify that the City/County of _____ has remitted all NSP Program
Income and has fully expended all NSP grant funds.

I certify the above information is true and correct.

Authorized Signature: _____

Print Signers Name: _____

Title: _____