

Form 1-4  
Housing Request for Funds

<b>Section I – CDBG Recipient Information</b>				<b>Drawdown Number</b>		
<b>CDBG Project Number</b>		<b>Total Amount Requested</b>				
<b>Recipient Name</b>						
		<b>ROF Date</b>		<b>Contract End Date</b>		
<b>Section II – Financial Information (CDBG FUNDS ONLY)</b>						
<b>Budgeted Activities</b>	<b>A</b>		<b>B</b>		<b>C</b>	<b>D</b>
	Total CDBG budget amount		Total CDBG requested prior to the draw		Total amount requested this draw	Balance remaining after this draw
<b><u>Program Activity</u></b>	% of total grant		% column A			
Housing Rehab (SU)						
Housing Rehab (MU)						
Housing Rehab (4MU)						
Homeownership (HO)						
Manufactured Housing (MH)						
Wells and Septic (WS)						
Public Housing (PH)						
<b>Total</b>						
<b><u>Program Delivery</u></b>	% of total grant		% column A			
Program Delivery (SU)						
Program Delivery (MU)						
Program Delivery (4MU)						
Program Delivery (HO)						
Program Delivery (MH)						
Program Delivery (WS)						
Program Delivery (PH)						
<b>Total</b>						
<b><u>Administration</u></b>	% of total grant		% column A			
Program Administration						
<b>Total</b>						
<b>Balance of CDBG funds on hand</b>						
<b>Amount of CDBG funds requested and not received</b>						
<b>Amount of CDBG funds requested and received</b>						
<b><u>Section III – Local Approval (Authorized Signatures Only (refer to Form 1-1))</u></b>						
<p>By signing below, I certify that all representations and warranties contained in all documents executed in conjunction with this grant agreement remain true and correct; that the information and expenditures for which the unit of government named above is seeking payment and/or reimbursement in this submission are true and correct; comply with the program requirements; are eligible expenses; and that the payment and/or reimbursement of expenditures identified in the attached materials does not duplicate reimbursement for any costs and/or expenses from any other source.</p> <p>Note that drawing Program Delivery and/or Administrative funds in advance of completion of Program Activity(ies) is done at the risk of the Recipient.</p>						
Date		Name			Title	
Signature						
I attest that funds are being requested under federal CFDA number 14.228 for the Community Development Block Grant Program						
Date		Name			Title	
Signature						
I attest that funds are being requested under federal CFDA number 14.228 for the Community Development Block Grant Program						

## Form 1-4A Housing Disbursement Summary

Recipient		CDBG Project #		Drawdown #	
OCR Only Uses	Activity #	Expenditure Description	Vendor Name	Date Paid/Payable	CDBG funds expended
<b>Total Requested</b>					

Summary	Activity 1	Activity 2	Activity 3	Activity 4	Activity 5	Activity 6
Amount Requested						
OCR use only						
	Activity 7	Activity 8	Activity 9	Activity 10	Activity 11	Activity 12
Amount Requested						
OCR use only						
Prepared By	Name			Phone		<b><u>Total Requested</u></b>
	EMAIL ADDRESS			Date		