

Form 1-6  
CDBG Business Expansion and Startup (BEST) Program  
Request for Funds

<b>Section I – CDBG Recipient Information</b>				Drawdown Number			
CDBG Project Number				Total Amount Requested			
Recipient Name							
		ROF Date		Contract End Date			
<b>Section II – Financial Information (CDBG FUNDS ONLY)</b>							
Budgeted Activities	A		B		C	D	
	Total CDBG budget amount		Total CDBG requested prior to the draw		Total amount requested this draw	Balance remaining after this draw	
<b>1. <u>Program Activity</u></b>	% of total grant		% column A				
Economic Development							
Small Business							
Microenterprise							
<b>2. <u>Program Delivery</u></b>	% of total grant		% column A				
Program Delivery							
<b>3. <u>Administration</u></b>	% of total grant		% column A				
Program Administration							
<b>4. Total</b>							
<b>5. Balance of CDBG funds on hand</b>							
<b>6. Amount of CDBG funds requested and not received</b>							
<b>7. Amount of CDBG funds requested and received</b>							
<b>Section III – Local Approval (Authorized Signatures Only (refer to Form 1-1))</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; that the payment and/or reimbursement of expenditures identified in the attached materials does not duplicate reimbursement for costs and/or expenses from any other source; and that all sources and uses identified at the time of application remain accurate with respect to program match requirements. 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							
Comments:							

## Form 1-6A Economic Development/Small Business/Microenterprise Disbursement Summary

[illegible]

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		