|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NYS Homes and Community Renewal**  **Office of Finance and Development**  **Request for Disbursement (with support documentation)**  **Complete a separate form for each DHCR/HTFC Program from which funds are being requested.** | | | | |
| Date Submitted: | Site Disbursement  Project Disbursement  LPA Disbursement | | | |
| SHARS ID #: | | Disbursement #: | | |
| Site Address: | | | | |
| Awardee/Owner: | | | | Contact Person: |
| Awardee/Owner Phone Number: | | | Cash on Hand: | |
| Disbursement Amount Requested: | | | Federal ID #: | |

Check one box for Program:  HDF  HTF  HOME  HWF  IDDP Other OFD Program:

Are there DHCR/HTFC monies unexpended at the completion of this project?  Yes  No Amount:

**A: Program Disbursement Budget Chart – USE WHOLE DOLLARS ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
| **Purpose of Funds** | Latest Approved Contract Amount | Total Amount Previously Requested | This Requisition | Total Amount of All Requisitions | Maximum Disbursed Before  Hold Back | OFFICE USE ONLY |
| 1. Acquisition Costs |  |  |  | 0.00 |  |  |
| 1. Soft Costs |  |  |  | 0.00 |  |  |
| 1. Construction Costs |  |  |  | 0.00 |  |  |
| 1. Project Contingency |  |  |  | 0.00 |  |  |
| 1. Working Capital |  |  |  | 0.00 |  |  |
| 1. Reserves |  |  |  | 0.00 |  |  |
| 1. Total Costs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1. Less: Interest Earned |  |  |  | 0.00 |  |  |
| 1. Total | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

**B: Consultant and Procurement Contracts**

Provide an ongoing record of all major Consultant (Architect, Legal, Audit, Construction Manager, etc.) and Procurement (construction, labor, materials, and supplies) contracts let this period. Add to the bottom of any previous list any new contract(s) let for this disbursement request. Use additional forms if necessary by creating additional records as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consultant: | Total: |  | Total Minority/Women-Owned: |  |
| Procurement: | Total: |  | Total Minority/Women-Owned: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name/Address of Consultant/Contractor | Total Contract Amount | Amount Paid to Date | Amount Requested | Check if Contractor/Consultant is: | |
| Minority | Woman |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Request for Disbursement Support Documentation**

SHARS ID#: Awardee/Owner: Disbursement #:

Site Address: Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name/Address of Consultant/Contractor | Total Contract Amount | Amount Paid to Date | Amount Requested | Check if Contractor/Consultant is: | |
| Minority | Woman |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Chart C: Percent of Construction Work Completed**

Indicate number of units for which the following phase of project activity has been completed **(if none, enter zero).**

|  |  |  |
| --- | --- | --- |
| Approximate % of Construction work completed | # Units DHCR/HTFC | # Units Total Project |
| 0% |  |  |
| 1-25% |  |  |
| 26-50% |  |  |
| 51-75% |  |  |
| 76-99% |  |  |
| 100% |  |  |

**Chart D: Activity Start Date**

Indicate the start and end dates for the following activities for the Site for which a disbursement is being requested.

**Complete for each DHCR/HTFC Program, if project site is receiving funds from more than one program.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Check if Requesting Funds for This Activity | **Activity** | | **Enter the Date When:** | |
| Activity Began | Activity Completed |
|  | (01) | Pre-Development |  |  |
|  | (02) | Construction/Rehabilitation \* |  |  |
|  | (03) | Substantial Completion |  |  |

\*All infrastructure improvements should be included under the Activity **Construction/Rehabilitation**.

**Request for Disbursement Support Documentation (cont’)**

SHARS ID#: Awardee/Owner: Disbursement #:

Site Address: Date:

|  |  |  |
| --- | --- | --- |
| **Chart E. Awardee/Owner Certifications**  Check where applicable and sign certification | | |
|  | **For Progress Payments:**  In signing below, I certify that all representations and warranties contained in previous documents executed in conjunction with this document remain true and correct; that the information in this submission is true, accurate, and complete; that there are no valid liens which are or can be filed against this contract/project site in connection with work completed or materials supplied; that all payments required to be paid to all subcontractors, suppliers, and employees have been paid as of the date hereof from funds previously disbursed for this contract/project site; that all required documentation is attached; that the funds requested will be used for the purposes set forth above and in accordance with all agreements between the recipient and DHCR/HTFC; that the requirements for receipt of a disbursement have been complied with; and that no funds have been or will be requested from HTFC or from any other DHCR program or other funding source for any items other than set forth in Column C, This Requisition, Chart A.  Check if construction contingency monies requested and attach DHCR/HTFC approved Budget Modification. | |
|  | **For Final Payments:**  In signing below, I certify that all representations and warranties, contained in previous documents executed in conjunction with this document remain true and correct; and that with this final payment, all the activities projected in the contract for this contract/site have been completed, with the exception of a final independent certified audit; all funds received for disbursement for this contract/site have been paid out; all wages have been paid in accordance with applicable laws; all bills received in connection with this contract/site have been paid, with the exception of a bill for the final independent certified audit; and there are no valid liens which are or can be filed against this contract/project site in connection with work completed or materials supplied; and that funds received do not duplicate reimbursement of costs of services received from any other source. **Final payment document checklist is attached.** | |
| Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **For DHCR/HTFC Use Only** | | | | | |
| **Accounting** (name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Project Manager**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Approved: | | Approved | Modified | | Denied |
| Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_ | If denied, reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Title Cont.:  Yes  No | Date:\_\_\_\_\_\_\_\_ | Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date:\_\_\_\_\_\_\_\_ | |
|  | | **Supervisory Reviewer:** | | | |
| Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date:\_\_\_\_\_\_\_\_ | |