

Form 1-4
Housing Request for Funds

Section I – CDBG Recipient Information				Drawdown Number			
CDBG Project Number		Total Amount Requested					
Recipient Name		Award Date		Contract End Date			
Section II – Financial Information (CDBG FUNDS ONLY)							
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
1. Program Activity	% 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)							
Total							
2. Program Delivery	% 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)							
Total							
3. Administration	% of total grant		% column A				
Program Administration							
4. Total							
5. Balance of CDBG funds on hand							
6. Amount of CDBG funds requested and not received							
7. Amount of CDBG funds requested and received							
Section III – Local Approval (Authorized Signatures Only (refer to Form 1-1))							
<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 costs and/or expenses from any other source.</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

[illegible]

Summary	Activity #1	Activity #2	Activity #3	Activity #4	Activity #5	Activity #6	Activity #7	Activity #8	Total
Total Requested \$									
Program Delivery \$									
<u>OCR USE Only</u> IDIS Activity									

Prepared by	Name		Phone	
	E-mail		Date	