

FORM 1-4, 1-5, 1-6
REQUEST FOR FUNDS INSTRUCTIONS

1. **Requests for Funds will only be accepted via e-mail at disbursements@hcr.ny.gov.**
2. Each Request for Funds Form must be submitted with a Disbursement Summary Form.
3. Requests for Funds and Disbursement Forms may be e-mailed to OCR at disbursements@hcr.ny.gov.
4. Do not mail the original to OCR, this must be retained with the local project files.
5. Any incomplete section or missing information will result in delays of processing the request.
6. Forms that are recreated, modified, or handwritten will be rejected.
7. All Housing Request for Funds must include Form 1-4B Housing Assistance Summary Form.
8. All Microenterprise Request for Funds must include Form 1-6B ME Business Project Summary Form.

SECTION I - CDBG RECIPIENT INFORMATION

Drawdown Number

All requests for funds must be numbered consecutively. The initial request for funds should begin with 1. For the final request, enter the appropriate consecutive number and the word "Final".

Project Number

Enter the OCR assigned CDBG Project Number.

Total Amount Requested

This will be auto populated and will reflect the amount entered in Section II.

Recipient Name

Enter the name of the Recipient; this must be the County, Town, City or Village that has been awarded the CDBG funds.

ROF Date

Enter the effective date of the NYS CDBG approval date for the Request for Release of Funds (RROF).

Contract End Date

Enter the effective contract end date of the NYS CDBG Grant Agreement (GA). This can be found in Paragraph 2 of the GA.

SECTION II - FINANCIAL INFORMATION

1. **Program Activity**

Enter the amount budgeted for the Program Activity in Column A, this must be consistent with the OCR approved budget Schedule B of the Grant Agreement.

For each activity that funds have been previously requested, enter the amount in Column B.

For each activity that funds are currently being requested, enter the amount in Column C.

The balance remaining after this draw will auto populate. For each line item, enter the percentage of the total grant for Column A & B.

2. **Program Delivery**

Select the appropriate Program Delivery and follow guidance above under **Program Activity**.

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3. Administration

If Administration is included on Schedule of the OCR approved budget, complete this section following guidance above under **Program Activity**.

4. Totals

These amounts will auto populate.

5. Balance of CDBG Funds on Hand

Enter the amount of cash on hand from previous CDBG drawdowns. These funds represent the total amount of CDBG funds that have been electronically transferred to the Recipient but have not been disbursed (withdrawn) from the account.

PLEASE NOTE, if the Recipient has a Balance of CDBG Funds on Hand, contact the assigned CD/ED before submitting the Request for Funds to OCR. These funds must be used prior to requesting additional funds from OCR or subtracted from the amount of funds requested in this request for funds. The amount should be reflected as a negative amount on the Disbursement Summary Page and should be deducted from the total amount being requested.

Amount Requested and Not Received

Enter the amount of CDBG funds requested from the OCR and not yet received.

6. Amount Requested and Received

Enter the amount of CDBG funds requested and received from the OCR.

SECTION III - LOCAL APPROVAL

Complete as directed. Signatures must match EXACTLY as shown on the Authorized Signature Form 1-1 (including initials).

DISBURSEMENT SUMMARY

The **Recipient, CDBG Project # and Drawdown Number** will auto populate based on information entered on the **Request for Funds** page.

OCR Only Uses

Leave blank

Activity Number

Enter the activity number to match the activity in the summary table below. For example, the user would enter "1" to correspond with the amount listed in "Activity 1" in the summary table below.

Expenditure Description

Enter a brief description of the expenditure, for example, Housing Rehabilitation (SU), or Water Line Construction, or Machinery & Equipment. Be sure to separate expenditures for the primary activity from any program delivery associated with that activity.

Vendor Name

Enter the name of the vendor that is requesting payment, for example ABC Construction Services.

- If the Recipient is working with a Subrecipient, the Subrecipient must be identified as the Vendor.
- If the Recipient has prepaid eligible CDBG expenses and costs and is requesting reimbursement, the Recipient must be identified as the Vendor.
- Payments to all vendors with CDBG funds identified on the Disbursement Summary must match exactly to actual disbursements out of the CDBG account.

Date Paid or Payable

Enter the payment date or the date payable for the expenditure.

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CDBG Funds Expended

Enter the amount of CDBG funds requested for the expenditure.

The **Total Requested** will auto calculate.

Summary

- Enter the total amount of CDBG funds requested by Activity.
- The Total Requested will auto calculate based on amounts requested for Activity 1 – 12.
- Do not include more than 12 different activities. Please submit a separate Request for Funds for disbursements with more than 12 activities.
- Program Delivery is no longer a separate line entry.

Disbursement Total

These amounts will auto calculate.

OCR Use Only

Leave Blank

Prepared By

Enter the name, phone number, e-mail address of the person completing this form and date completed.