Housing Trust Fund Corporation

Community Development Block Grant (CDBG) Disbursement Request Form

Submit to: Disbursements@hcr.ny.gov

Name of Recipient:	CDBG Project Number:
Contract End Date:	Drawdown #:

FINANCIAL INFORMATION (CDBG Funds Only)

	Total Amount Requested This Disbursement
Project Activity	$ 0.00
Program Delivery	$ 0.00
Administration	$ 0.00
Total	$ 0.00
Balance of CDBG Funds on Hand	$ 0.00

Local Approval – Authorized Signatures Only (Refer to Form 1-1): 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. 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.

I attest that funds are being requested under federal ALN number 14.228 for the Community Development Block Grant Program

Signature 1 → _____ Date: _____

Print Name of Signatory 1: _____ Title: _____

Signature 2 → _____ Date: _____

Print Name of Signatory 2: _____ Title: _____

OCR APPROVAL

IDIS Project #

Recipient:		CDBG Project #:	Drawdown #:	

IDIS Activity Number: (OCR Use Only)	Activity #	Expenditure Description	Vendor Name	Date Paid/Payable	CDBG Funds Expended
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
IDIS Project Number: (OCR Use Only)			Total Requested		$ 0.00

Form Prepared By	Name:		Email:		Date:	

CDBG DISBURSEMENT REQUEST FORM INSTRUCTIONS

All CDBG Disbursement Request Forms must be submitted directly via email to Disbursements@hcr.ny.gov, do not copy the Project Manager or any other OCR staff.

The CDBG Disbursement Request Form is utilized for all project types.

Include all supporting documentation, invoices, etc.

1. Recipient Name:
    a. The name of the County/City/Town/Village that was awarded NYS CDBG funds.
2. Contract End Date:
    a. The Contract End Date can be found in the executed Grant Agreement.
    b. If project is under an approved extension, the extension deadline is the Contract End Date
3. CDBG Project Number
    a. Enter the assigned CDBG Project number.
4. Drawdown #
    a. Enter the sequential drawdown/disbursement #, always beginning with "1".

For the following, Refer to Schedule B of the Grant Agreement

5. Project Activity
    a. Enter the total amount of all funds requested, for example, construction, engineering, business assistance, housing rehabilitation, etc.
6. Program Delivery
    a. Enter the total amount of funds requested for all Program Delivery.
7. Administration
    a. Enter the total amount of funds requested for Program Administration
8. Total will auto calculate the total for Project Activity, Program Delivery and Administration.
9. Balance of CDBG Funds on Hand
    a. Enter the total amount of NYS CDBG funds on-hand from prior disbursement that has not been disbursed.
        - An explanation may be requested by OCR for any amount entered here.
10. Refer to the approved Authorized Signature Form submitted with the Grant Agreement
    a. Only the persons identified may sign the disbursement request.
    b. E-signatures are acceptable.
    c. Signatures must match exact to the Authorized Signature Form.
11. OCR Approval
    a. Leave this section blank, this is for OCR use only
12. IDIS Project #
    a. Leave blank, this will be completed by OCR

Disbursement Summary

1. Recipient
    a. This will auto populate from first page.
2. CDBG Project #
    a. This will auto populate from first page.
3. Disbursement #
    a. This will auto populate from first page.
4. Activity #
    a. Enter an activity number, for example, 01, 02, 03
5. Expenditure Description

   a. Group similar activities together
   b. Enter a brief description, for example, housing rehabilitation, public water, business assistance, etc.
   c. Program Delivery, if multiple activities have Program Delivery, identify the correct activity, for example:
      i. Housing Rehabilitation Single Unit PD
      ii. Housing Rehabilitation Multi-Unit PD
      iii. Manufactured Housing Replacement PD
      iv. Public Infrastructure PD
      v. Public Facility PD
      vi. Microenterprise PD (specific to business)
      vii. Small Business Assistance PD
      viii. Economic Development PD
   d. Administration
6. Vendor Name
   a. Enter the name of the entity that **will receive** the NYS CDBG payment, for example
      i. Contractor Name
      ii. Consultant
      iii. Subrecipient
      iv. If Recipient is being reimbursed for costs previously paid, list this as the entity
7. Date Paid/Payable
   a. Enter the date invoice was paid or is payable by
8. CDBG Funds Expended
   a. By invoice, enter the total amount requested.
   b. If one vendor has multiple invoices for the same expenditure description, this can be combined into one line, and is the preferred method.
   c. The Total Requested amount MUST match the Total Requested from first page.
9. Form Prepared by
   a. Enter the name of the person that prepared the form.
   b. Enter the email of the person that prepared the form, this is requested in the event that OCR staff have questions.
   c. Enter the date the form was prepared
10. Disbursement Summary is for OCR use only.