Housing Trust Fund Corporation

NEW YORK MAIN STREET

Local Administrator Disbursement Request

Name of **Local Program Administrator** (organization):		SHARS ID:
Name & phone number of person completing this form:		Date:
Mailing Address:		
City:	State:	Zip Code:

FINANCIAL INFORMATION

Total NYMS contract amount:	
Total requested to date:	
Total amount of this request:	

Number of Detail Sheets attached: Façade Building Renovation Downtown Anchor

Streetscape Administrative (Per Contract Budget)

Payee certification: I certify that the above bill is just, true and correct; the attached Detail Sheet(s) are accurate; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Signature: 1.	Date:
Name of Signatory (Please print or type):	Title:
Signature: 2.	Date:
Name of Signatory (Please print or type):	Title:

HTFC use only

OCR approval:	Date:
Finance approval:	Date:
Disbursement number (HTFC use only):	Voucher Number: