

Form 1-4
Housing Request for Funds

Section I – CDBG Recipient Information				Drawdown Number				
CDBG Project Number				Total Amount Requested				
Recipient Name								
Recipient Address								
						NY	ZIP + 4	
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 for this draw		Balance remaining after this draw	
1. <u>Program Activity</u>	% of total grant		% column A					
Housing Rehab (SU)								
Housing Rehab (MU)								
Housing Rehab (4MU)								
Homeownership								
Engineering								
Total								
2. <u>Program Delivery</u>	% of total grant		% column A					
Program Delivery (SU)								
Program Delivery (MU)								
Program Delivery (4MU)								
Program Delivery (HO)								
Total								
3. <u>Administration</u>	% 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))								
Date		Signature				Title		
Date		Signature				Title		
Section IV – OCR Approval (OCR USE ONLY)								
Date Received		IDIS #		OCR FINANCE ONLY Approved: _____ IDIS Input Date: _____ IDIS Voucher: _____				
On Funds Suspended List			Yes <input type="checkbox"/>					No <input type="checkbox"/>
Request per OCR approved budget and schedule			Yes <input type="checkbox"/>					No <input type="checkbox"/>
Verified authorized signatures and available funds			Yes <input type="checkbox"/>					No <input type="checkbox"/>
Date of release of funds/concurrence								
Davis Bacon Applicability			Yes <input type="checkbox"/>	No <input type="checkbox"/>				
CD Approval		Date		Senior CD Approval		Date		
Comments:								

