

## FORM 1-4

### REQUEST FOR FUNDS INSTRUCTIONS

Each Request for Funds Form must be submitted with a Disbursement Form (Form 1-4A). Requests for Funds and Disbursement Forms may be faxed to your OCR Community/Economic Developer for processing. Retain a copy of the forms for your files

#### SECTION I - CDBG RECIPIENT INFORMATION:

**Project Number** - Enter OCR assigned project number.

**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".

**Total Amount Requested** - Enter the total amount requested as entered on Line 4, Column C of Section II.

**Name of Recipient** – Enter the name and address of the Recipient

#### SECTION II - FINANCIAL INFORMATION:

**Total Amount Budgeted** - Enter the amount budgeted on lines 1, 2a, 2b, 3 and 3a (as shown on your OCR approved budget) and enter the total of Column A on line 4. For each line item, (1, 2, 2a, 2b, 3 and 3a), enter the percentage of the total grant.

**Total Amount Requested Prior to This Draw** - Enter the total amount requested prior to this draw on lines 1, 2, 2a, 2b, 3 and 3a and enter the total of Column B on line 4. For each line item, enter the percentage of the total amount requested.

**Total Amount Requested for This Draw** - Enter the amount requested for this draw on lines 1, 2, 2a, 2b, 3 and 3a and enter the total of Column C on line 4.

**Balance Remaining After This Draw** - Enter the amount remaining after this draw on lines 1, 2, 2a, 2b, 3 and 3a and enter the total of Column D on line 4.

**Program Delivery** - Enter the total amount budgeted for program delivery for the project on Line 2 and enter the amount of program delivery budgeted for housing rehabilitation and other activities on lines a & b.

**Engineering** - Enter the total amount budgeted for engineering on line 3a. Do not subtract this amount from the amount allocated for program activity (Line 3), or program delivery (line 2b) if engineering costs were included in the program delivery budget.

**Balance of CDB 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the total amount of CDBG funds that have been electronically transferred to the Recipient, but have not been disbursed (withdrawn) from the account. 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 form (1-4A) 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.

**Amount Requested and Received** - Enter the amount of CDBG funds requested from the OCR and received to date (Line 4B-6B).

### **SECTION III - LOCAL APPROVAL**

Complete as directed. Signatures must be original and exactly as shown on the Authorized Signature Form 1-1.

### **SECTION IV - OFFICE OF COMMUNITY RENEWAL APPROVAL**

This section is for OCR use only.

## FORM 1-4A INSTRUCTIONS

### DISBURSEMENT FORM

**Recipient** - Insert the complete name of Recipient.

**Project Number** - Enter the OCR assigned Project number.

**Drawdown #** - All requests for funds must be numbered consecutively. The initial request for funds should begin with "1". This number should correspond with the number on the Request for Funds Form (Form 1-4). For the final request, enter the appropriate consecutive number and the word "Final".

**Activity Number** - Enter the activity number as identified on Schedule B of the OCR Grant Agreement (e.g. 01, 02, 03, etc.).

**Expenditure Description** - Enter a brief description of expenditure (i.e., Rehab costs for 63 Ave. C; Program Delivery – Salaries, etc.)

**Vendor Name** - Enter the name of the vendor you are requesting payment for (i.e., ABC Contracting, DFG Engineering, Village of IOU, etc.). If you are working with a subrecipient, the subrecipient would be the vendor. Information regarding the contractor should be listed in the expenditure description.

**Date Paid or Payable** - Enter the payment date or the date payable for the expenditure.

**Check/Invoice/P.O. Number** - Enter the check/invoice/purchase order number or any other reference number that identifies and directly links the expenditure to a bill or invoice.

**CDBG Funds Expended** - Enter the amount of funds being requested for the expenditure.

### DISBURSEMENT SUMMARY

**Activity #** - Enter the activity numbers entered above.

**Total Requested \$** - Enter the total amount of funds requested of each activity.

**Program Delivery \$** - Enter the amount of program delivery represented in the Total Requested entered in the line above.

**Disbursement Total** - Enter the total amount of all activities. (This amount should be equal to the amount entered on line 7 of the Request for Funds Form (Form 1-4).

**OFFICE USE ONLY (IDIS Activity #)** – Leave this area blank.

**Prepared By** – Provide the name, phone number and signature of the person who completed the form.