

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
CHIP ADMINISTRATION DRAWDOWN REQUEST FORM**

State Recipient/Sub-Recipient Name: _____

Grant Number: _____ Federal Tax ID#: _____

Name and telephone number of the person to contact if there are questions: (PRINT)

Name: _____ Phone: _____

SET UP INFORMATION

DCA Project Number (i.e, CH13XATL-01): _____ Final Draw YES NO

Name of Project: _____

Total Project Amount: \$ _____

2% of Total Project = \$ _____ (Amount of Admin Draw)

DRAWDOWN INFORMATION

**ADMINISTRATION ONLY
(2% Administration may only be requested with the Project Final Drawdown)**

Activity Type	Amount Allocated	Amount Drawn To Date	Balance Available for Drawdown	Amount of Drawdown Requested	Balance Remaining after Drawdown
ADMIN				\$	

BANKING WIRING INSTRUCTIONS

State Recipient or Sub-Recipient's Bank: Depository Name: _____ ABA#: _____ Account#: _____	Intermediary Bank (if applicable): Depository Name: _____ ABA#: _____ Account#: _____
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RECIPIENT - I certify that the data above is correct and that this request is in accordance with the terms and conditions of the above referenced grant. I further acknowledge that any disbursements attempted by DCA that fail to be deposited in the State Recipient or Sub-recipient's bank account as a result of inaccurate wiring instructions provided by the State Recipient or Sub-recipient at time of draw will result in a \$40 reduction in the administrative funds paid to the State Recipient or Sub-recipient for the activity and a corresponding reduction in the administrative grant available to the State Recipient or Sub-recipient.

Authorized Signatures: Name: _____ Title: _____ Date: _____	2nd Authorized Signatures: Name: _____ Title: _____ Date: _____
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FOR DCA USE ONLY

CHIP Program Staff Reviewed: _____ Date: _____	Approved by Office Director: _____ Date: _____
Approved by CHIP Manager: _____ Date: _____	

IDIS & MITAS CONFIRMATION (DCA ONLY)

Entered By: _____	HUD Admin. Funding Yr.: _____
HUD IDIS (Admin) NUMBER: _____	HUD IDIS Voucher #: _____
ADMIN TRANSACTION NUMBER: _____	

FOR ACCOUNTING USE ONLY (DCA)

DRAWDOWN APPROVED ON: _____	WIRE CONFIRMATION CODE: _____
WIRED BY: _____	DATE: _____
APPROVED BY: _____	