## **Georgia Department of Community Affairs Request for Drawdown of CDBG Funds**

Name and telephone number of the person to contact.    Drawdown Request Number:	1. Recipient Name:						2. Grant Number:			
3. Drawdown Information  A. B. C. D. E. F. G. H. Budget Adjustments Revised Drawn To Date Draw Prior to this Draw Prior to this Draw Prior to this Draw Prior to the Draw Prior Prio	Name and telephone number of the person to contact.						Drawdown Request Number:			
3. Drawdown Information  A B. C. D. E. F. G. H. Budget Budget Prior to his Draw Number Amount Adjustments Revised Prior to his Draw  To Date Prior to his Prior to his Draw  To Date Prior to his Draw  TOTAL  4. If any of the amounts in Column H will exceed remaining funds available, please designate the activity number from which you want funds transferred  5. Please indicate the amount of Program Income (PI) received since the date of your last drawdown:  5. Leaving this blank certifies that no Program Income has been received. Please indicate the total cash on hand (including PI) in your CDBG account as of the date of this drawdown:  6. I hereby certify that the data above is correct, that this request is in accordance with the terms and Conditions of the above referenced grant and that the amount requested is not in excess of current needs  Date Authorized Signature Title  Explanation of Differences (if applicable)  Explanation of Differences (if applicable)	Nar	me:		Phone (		17.				
Activity Number Amount Adjustments Revised Property Balance Ba	3. C	rawdown	Information			Y	es			
4. If any of the amounts in Column H will exceed remaining funds available, please designate the activity number from which you want funds transferred  5. Please indicate the amount of Program Income (PI) received since the date of your last drawdown:  \$\		Activity	Budget	Budget	Budget	Amount Drawn	Budget Balance Prior to this	Amount of Drawdown	Budget Balance After this	
4. If any of the amounts in Column H will exceed remaining funds available, please designate the activity number from which you want funds transferred  5. Please indicate the amount of Program Income (PI) received since the date of your last drawdown:  \$\										
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number from which you want funds transferred	T	OTAL								
Date Authorized Signature Title  Date Authorized Signature Title  Below For DCA Use Only  Date Received Explanation of Differences (if applicable)	5. F \$ tota 6. I	nber from Please ind al cash on hereby ce	which you water the amo water the amo water that the things that the certify that the certification is the certification of the certificatio	ant funds trans unt of Progran s blank certific ing PI) in your data above is o	sferred n Income (PI) es that no Pro CDBG accoul correct, that th	received since gram Income I nt as of the da nis request is i	the date of yo has been recei te of this draw	our last drawdoved. Please in down: \$with the terms	own: dicate the and	
Date Authorized Signature Title  Below For DCA Use Only  Date Received Explanation of Differences (if applicable)  Date of Wire			f the above re			•				
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