## Reset All Georgia Department of Community Affairs Request for Drawdown of CDBG Funds

1. Recipient Name:

Name and telephone number of the person to contact.
Name: $\qquad$ Phone ( ) $\qquad$
3. Drawdown Information

| A. <br> Activity Number | B. | C. <br> Budget Adjustments |  | E. <br> Amount Drawn To Date | F. <br> Budget Balance Prior to this Draw | G. <br> Amount of Drawdown Requested | H. <br> Budget Balance After this Draw |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
|  |  |  | 0.00 | 0.00 | 0.00 |  | 0.00 |
| TOTAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

(Click to Refresh)
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 $\qquad$ .
5. Please indicate the amount of Program Income ( PI ) received since the date of your last drawdown: \$ $\qquad$ . 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 $\qquad$ Authorized Signature $\qquad$ Title $\qquad$

Date
Authorized Signature $\qquad$ Title


