Georgia Department of Community Affairs Request for Drawdown of CDBG Funds

1. Recipient Name:						2. Grant Number:			
Name and telephone number of the person to contact.						Drawdown Request Number:			
Na	me:		Phone (Final Drawdown? (type an X in the appropriate box)					
3.	Drawdown	Information				es			
	A. Activity Number	B. Budget Amount	C. Budget Adjustments	D. Budget Revised	E. Amount Drawn To Date	F. Budget Balance Prior to this Draw	G. Amount of Drawdown Requested	H. Budget Balance After this Draw	
1	OTAL								
5. \$ tot	mber from Please ind al cash on thereby ce	which you wanted the amount of	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 accou	received since ogram Income I nt as of the da his request is i	ailable, please the date of yo has been recei te of this draw	ou last drawdo ved. Please in down: \$ with the terms	wn: dicate the and	
Date			Authorized Signature			Title			
Date					Title				
	Below For DCA Use Only Date Received Explanation of Differences (if applicable)								
	zalle Metel	Expla	mation of Diffe	rences (ii app	Jiicabie)				
	Date of W	ire							
An	nount App	roved	Reviewed by	Da	te	Approved	by	Date	