ONEGEORGIA AUTHORITY

REQUEST FOR DRAWDOWN OF **OGA** FUNDS

RECIPIENT (Name): NAME AND TELEPHONE NUMBER OF THE PERSON TO CONTACT IF						2. PROJECT NUMBER:			
THERE ARE ANY QUESTIONS ABOUT THIS DRAWDOWN:						DRAWDOWN REQUEST NUMBER:			
NAME:		PHONE NO:			FINAL DRAWDOWN: YES NO				
EMAIL:									
		3. DR	AWDOWN INFO	RMATI	ON				
A. BUDGET ACTIVITY CODE	B. AMOUNT BUDGETED	C. AMOUNT DRAWN DOWN & RECEIVED TO DATE	D. AMOUNT DRAWN DOWN BUT NOT RECEIVED			F. REMAINING AWARD BALANCE	G. AMOUNT OF DRAWDOWN REQUESTED		
TOTAL									
4. I certify the reference of Date		e is correct and that this request is in accordance Authorized Signature			ce with the	e with the terms and conditions of the above Title			
Date		Authorized Signature				Title			
2 414			EORGIA AUTHO		SE ONI	LY	11010		
Date Received	EXPLANAT	ION OF DIFFER	ENCES (IF APPL)	(CABLE)):				
Date of Check									
Amount Approved		Director, State Eco	on. Dev. Date		APP	ROVED Division Direc	etor	Date	
	APPROVED	Deputy Commission	oner Date		APP	ROVED Commissioner	•	Date	

Instructions for Preparing

REQUEST FOR DRAWDOWN OF OGA FUNDS

All Submissions should be done

via your GrAAM/eCivis portal account.

Questions? OED@dca.ga.gov

Contact Gina Webb at (404) 387-1429 with any questions.

General Filing Requirements: The original and one copy of this form must be submitted to the ONEGEORGIA Authority / Department of Community Affairs each time a Recipient requests to drawdown funds. See "Drawdown Procedures" in the GENERAL PROGRAM GUIDELINES for additional information.

BLOCK 1. The Recipient entity's name and the name and phone number of the person who prepares the drawdown request should be entered in this block.

BLOCK 2. The grant award number as well as the drawdown request number should be entered. Drawdowns should be numbered consecutively, the first one being No. 1, the second request for funds being No. 2, etc. Final drawdown should be indicated when appropriate by checking "Yes;" all others being checked "No."

BLOCK 3. Please note that drawdown requests must be accompanied by supporting cost documentation, such as invoices, purchase orders, or canceled checks, totaling no less than the amount requested, by activity.

Column A	Please enter the activity code for the approved line item as shown on the approved Budget.
----------	--

- **Column B** Please enter the total amount budgeted for the activity code listed in Column A as shown on the approved budget.
- **Column C** The amount drawn down to date should be entered by activity code and should reflect all funds previously drawn down from the ONEGEORGIA Authority.
- **Column D** These figures should reflect any funds previously drawdown but not as yet received by the recipient (if any).
- **Column E** These figures should reflect, by activity, the funds actually spent and disbursed by the recipient. This figure should not include the current draw request amount.
- **Column F** This amount reflects the remaining balance for each activity code. The amount is calculated by subtracting "Amount Expended to Date" (Column E) from "Amount Budgeted" (Column B).
- **Column G** This figure should reflect, by activity code, the total amount of funds needed to meet current documented expenditures. Do not include funds previously requested but not yet received.

BLOCK 4. Enter the **authorized signature(s)**, date signed, and authorized signatory(s)' title on the original form.