REGIONAL ENTERPRISE BUSINESS ASSISTANCE

REQUEST FOR DRAWDOWN OF **REBA** FUNDS

1. RECIPIENT (Name):						2. PROJECT NUMBER:		
NAME AND TELEPHONE NUMBER OF THE PERSON TO CONTACT IF THERE ARE ANY QUESTIONS ABOUT THIS DRAWDOWN:					DRAWDOWN REQUEST NUMBER:			
	_							
		PHONE NO:			FINAL DRAWDOWN: YES NO			
EMAIL:3. DRAWDOWN INFORMATION								
A.	В.	C.	D.	F		F.	G.	
BUDGET ACTIVITY CODE	AMOUNT BUDGETED	AMOUNT DRAWN DOWN & RECEIVED TO DATE	AMOUNT DRAWN DOWN BUT NOT RECEIVED	AMO EXPEI TO D	OUNT NDED	REMAINING AWARD BALANCE	AMOUNT OF DRAWDOWN REQUESTED	
TOTAL								
 *Grantee is responsible for making sure that the bank account detail submitted to DCA for deposit of the above funds is open and active at the time of this draw down. If the account is not active, a delay in processing the funds is likely. 4. 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. 								
Date		Authorized Signature				Title		
Date		Authorized Signature					Title	
FOR DCA USE ONLY								
Date Received	EXPLANAT	TION OF DIFFER	ENCES (IF APPL	ICABLE)):			
Date of Check								
Amount Approved	REVIEWED	Director, State Eco	n. Dev. Date		APP	ROVED Division Direc	etor Date	
	APPROVED	Deputy Commission	oner Date		APP	ROVED Commissioner	Date	

Instructions for Preparing

REQUEST FOR DRAWDOWN OF REBA FUNDS

Please Mail Drawdowns to:

Georgia Department of Community Affairs 60 Executive Park South, NE Atlanta, Georgia 30329

Or by Email at: OED@dca.ga.gov

Contact Sherron Alexander Jackson at (404) 679-0593 with any questions.

General Filing Requirements: The original and one copy of this form must be submitted to the Georgia 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.
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- **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 DCA.
- **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.