Reset All

Georgia Department of Community Affairs Request for Drawdown of CDBG Funds

Save Data

1. Recipient Name:_____

2. Grant Number: _____

Name and telephone number of the person to contact.

Drawdown Request Number:_____

Name:_____ Phone ( )_____

Final Drawdown? *(type an X in the appropriate box)*

☐ Yes

3. Drawdown Information

(Click to Refresh) Reset Draw

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
			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 _____.

5. Please indicate the amount of Program Income (PI) received since the date of your last drawdown: $_____. 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 _____

Date _____ Authorized Signature _____ Title _____

Below For DCA Use Only

Date Received	Explanation of Differences (if applicable)			
Date of Wire				
Amount Approved	**Reviewed by**	**Date**	**Approved by**	**Date**