

CDBG REQUEST FOR FUNDS
 NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES (DCS)
 SFN 4630 (07/18)

Grantee		Request Number	Amount Requested P - _____																			
Prepared By	Phone Number	Is this the Final Request? Yes No	A - _____ T - _____																			
Bank Name & Address (Payee)		Instrument Number	Date																			
		Grant Begin Date	Grant End Date																			
Bank Account Number		(Cash advances to a grantee will be limited to the minimum amount needed)																				
CASH STATUS REPORT		A	B																			
1. Funds Received to Date																						
2. Total Gross Disbursements to Date																						
3. LESS: Program Income																						
4. Net Disbursements to Date (line 2 less line 3)																						
5. Balance of Cash on Hand (line 1 less line 4)																						
FUND STATUS REPORT		A	B																			
6. Grant Amount																						
7. Funds Received to Date																						
8. Funds Requested, But Not Yet Received																						
9. Amount of this Request																						
10. Total Funds Request To Date (add lines 7, 8, 9)																						
11. Funds Available For Request (lines 6 less line 10)																						
12. Administrative Funds Received to Date		13. Administrative Funds Requested, but Not Yet Received																				
14. Housing Projects Only:	Number of Units Approved	Number of Units Contracted	Number of Units Completed																			
15. Explain below the use of the requested CDBG project funds (See Instructions)																						
APPROVAL BY DIVISION OF COMMUNITY SERVICES			CERTIFICATION OF LOCAL OFFICIAL																			
DCS Authorized Signature		Date	To the best of my knowledge, the data on this form are correct and all disbursements were made in accordance with grant conditions.																			
<table border="1"> <tr> <td><i>THIS SECTION FOR DCS USE ONLY</i></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Release of Funds</td> <td></td> <td></td> </tr> <tr> <td>Special Conditions Released</td> <td></td> <td></td> </tr> <tr> <td>Repayment Schedule & Loan Approved</td> <td></td> <td></td> </tr> <tr> <td>Authorized Signature</td> <td></td> <td></td> </tr> <tr> <td>IDIS Number</td> <td colspan="2"></td> </tr> </table>			<i>THIS SECTION FOR DCS USE ONLY</i>	Yes	No	Release of Funds			Special Conditions Released			Repayment Schedule & Loan Approved			Authorized Signature			IDIS Number			Signature	
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			Release of Funds																			
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Authorized Signature																						
IDIS Number																						
Name and Title of Authorized Official																						
Date Signed																						

**INSTRUCTIONS FOR COMPLETING "REQUEST FOR FUNDS"
SFN 4630**

GRANTEE - Same as "RECIPIENT" as shown on Financial Award.

REQUEST NUMBER - Begins with number one (1) and follows in numerical sequence for each request submitted to DCS.

AMOUNT REQUESTED - Dollar amount of this request delineated by Program and Administrative funds (i.e. **P** = \$5,000, **A** = \$2,000, **T** = \$7,000). Total to be the same as line 9.

PREPARED BY - Name and telephone number of the individual preparing this request.

BANK NAME AND ADDRESS (PAYEE) - Name and address of the bank that will receive the funds as a direct deposit. (Should be exactly as shown on the ACH).

INSTRUMENT NUMBER - Include the Instrument Number as assigned by DCS on the Financial Award.

DATE - Date Request for Funds is prepared.

GRANT PERIOD - Include the grant period as specified on the Financial Award or as stated in subsequent approved amendments.

CASH STATUS REPORT

1. Include cumulative funds received from DCS at the date of request.
2. Include cumulative cash expenditures to date.
3. Report cumulative program income received to date of request.
4. Line 2 less Line 3. (Program income is applied as a reduction in expenditures for cash status reporting to ensure that program income is expended prior to CDBG funds).
5. Line 1 less Line 4. (Cash received less cash expended equals cash on hand).

FUND STATUS REPORT

6. Include the total grant amount as authorized on the Financial Award or any subsequent approved amendments to the grant.
7. Include cumulative funds received to date. (Same as Line 1, above).
8. Funds previously requested from DCS, but have not been received by grantee. (In transit).
9. Amount of this request. Must be the same as stated above.
10. Add Lines 7, 8 and 9, for total funds requested to date.
11. Line 6 less Line 10 for remaining funds to be drawn.
12. Include cumulative administrative funds received to date.
13. Administrative funds previously requested from DCS, but have not been received by grantee. (In transit).
14. *For Housing Projects Only:* State cumulative number of approved applicants with signed commitments (per special conditions); cumulative number of units which are under contract for work and cumulative number of housing units completed.
15. Briefly identify the work, services, or purchases for which the funds will be used and the amount to be allocated. If necessary, attach an additional sheet.

CERTIFICATION OF LOCAL OFFICIAL: Must be signed by one of the authorized individuals shown on the ACH Authorization Direct Deposit form (SFN 52477).

MAIL COMPLETED FORM TO:
Division of Community Services
1600 East Century Avenue, Suite 2
PO Box 2057
Bismarck, ND 58502-2057
Telephone (701) 328-5300
Fax (701) 328-5320

OR

EMAIL FORM TO BOTH OF FOLLOWING ADDRESSES: dfaber@nd.gov and mhalone@nd.gov