**STATE OF CALIFORNIA HOME PROGRAM**

**ADMINISTRATIVE DRAWDOWN REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contractor Name: |  | | | |
| HOME Contract Number: | |  | -HOME- |  |

State Recipients are required to identify, at least once per month, their undisturbed balance of Program Income Administration funds (“Balance”). Please provide the following information:

|  |  |  |
| --- | --- | --- |
|  | , b) Balance (if Balance is zero enter 0, do not leave blank): |  |

a) Date of Balance:

This form is to be used for requesting payment of administrative costs as authorized under the above Standard Agreement. If this is the first payment request for administrative funds, the sources and amounts identified below should include all of the other funds expended at the time of this request including all other funding sources used to pay administrative costs. All subsequent requests for administrative funds should include all those sources and amounts used since the last administrative drawdown request. Please request and report funds rounded to the nearest dollar (no cents), and do not request less than $100 unless it is your final administrative draw.

|  |  |  |
| --- | --- | --- |
| **Funding Source Code** | **Description of Funding Source** | **Amount** |
| Current Available Balance (A)  *(Original Administration allocation less any previous drawdown requests)* | | $ |
| 06 | HOME Administrative Funds | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| Total Draw Request (B) | | $ |
| Remaining Balance (A – B) | | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Beginning date on which administrative expenses were  incurred under this drawdown request: | | |  | |
| Ending date on which administrative expenses were  incurred under this drawdown request: | | |  | |
| Drawdown Number: |  | Final Draw? | No | Yes |

|  |  |
| --- | --- |
| Payee Address: |  |
|  |  |
|  |  |

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|  |
| --- |
| **Certification** |

This certifies the following:

1. that to the best of my knowledge, this report is true in all respects;

2. that all funding sources and amounts reported herein have been expended or will be expended at the time the requested HOME funds are disbursed in accordance with the above-numbered Standard Agreement:

3. that the work has been completed and the costs have been incurred for which payment is being requested; and

4. that I am specifically authorized to sign documents of this nature on behalf of the State Recipient/ CHDO. Proof of such authorization was submitted to the Department prior to this request or is attached to this request.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title |
|  |  |  |
| Signature |  | Date |

Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

**Department of Housing and Community Development**

**HOME Program**

**P.O. Box 952054**

**Sacramento, CA 94252-2054**