**PROJECT DRAWDOWN REQUEST**

**State of California HOME Program**

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|       |

Contractor Name:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|          |   -HOME- |       | HOME Project Number:  |  M       -    |

HOME Contract Number:

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

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

a) Date of Balance:

Please include only HOME projects funds (Funding Source Codes 01, and 11) on this request. Report funds rounded to the nearest dollar (no cents), and do not request less than $100 unless it is your final drawdown request. Do not include program administrative funding. If the project was set-up without owner names(s), please include the name(s) on this form for inclusion into the Department’s records. (**Grant Funds, ADDI and Program Income are not listed on this form**).

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| --- | --- | --- |
| **Funding Source Code** | **Description of Funding source** | **Amount** |
| Current Available project Balance (A)*(project set-up total less and previous drawdown requests)* | $       |
| 01 | HOME Funds Requested- | $       |
| 01 | HOME Funds Requested- | $       |
| 11 | HOME - Activity Delivery Costs *(State Recipients Only)* | $       |
|  | Other HOME FUNDS *(Fiscal Use only)* | $       |
| Total Draw Request (B) | $       |
| Remaining Project Balance (A – B) | $       |

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| --- | --- |
| HUD Activity Number: \_\_ \_\_ \_\_ \_\_UOG Code \_\_ \_\_ \_\_ \_\_ \_\_Grantee Activity Number: M \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ -\_\_ \_\_ | Drawdown Request Number:    |
| **For TBRA**, Number of Tenants Assisted: | Final Draw? Yes [ ]  No [ ]  |
| **For other than TBRA Project:** **Owner Name:** |       |
|  **Project Address:** |       |

|  |  |
| --- | --- |
|  Payee Address: |       |
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**STATE OF CALIFORNIA HOME PROGRAM**

**PROJECT DRAWDOWN REQUEST**

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| **Certification** |

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| Contractor Name: |       |

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| --- | --- | --- | --- | --- | --- |
| Standard Agreement Number: |       | -HOME- |       |  Grantee Project Number: | M        |

This **certifies** to the following with respect to the above-named project:

1. that an inspection has been made of the above-identified project for which construction process payments are requested or for which an inspection is otherwise required;

2. that a record of such inspection is being maintained in the project’s permanent file;

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

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

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

6. that all construction contractors and subcontractors being paid with the proceeds of this drawdown are licensed and in good standing with the California State Contractor’s License Board, and are not listed on the Federal Consolidated List of Debarred, Suspended and Ineligible Contractors;

7. that there are no mechanics liens recorded against the project form previous drawdowns;

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

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|       |  |       |
| 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**

**2020 W. El Camino Avenue, Suite 650 OR P.O. Box 952054**

**Sacramento, CA 95833 Sacramento, CA 94252-2054**