

# ESG/NDHG REQUEST FOR FUNDS

## DIVISION OF COMMUNITY SERVICES

SFN 52681 (09/22)

Grantee			Request Number		Amount Requested																
Prepared By			Phone Number		SO - _____ ES - _____ HP - _____ RR - _____ HMIS - _____ A - Admin _____ T - Total _____																
Bank Name (Payee)			Bank Account Number																		
Bank Address			Instrument Number		Date																
City	ZIP Code	Phone Number	Grant Begin Date		Grant End Date																
<b>FUND STATUS REPORT</b>			<b>A</b>		<b>B</b>																
1. Grant Amount																					
2. Funds Received to Date																					
3. Funds Requested, But Not Yet Received																					
4. Amount of this Request																					
5. Total Funds Request To Date <i>(add lines 2, 3, 4)</i>																					
6. Funds Available For Request <i>(lines 1 less line 5)</i>																					
7. Amount Requested: <i>(Enter below the use of the requested ESG/NDHG project funds as identified on your financial award)</i>																					
SO - Street Outreach		HP - Homeless Prevention		RR - Rapid Rehousing																	
ES - Emergency Shelter		HP - Relocation & Stabilization (R&S) Services		RR - Relocation & Stabilization (R&S) Services																	
ES - Operations		HP - R&S Financial Assistance Costs		RR - R&S Financial Assistance Costs																	
ES - Essential Services		HP - R&S Services Costs		RR - R&S Services Costs																	
HMIS		HP - Rental Assistance		RR - Rental Assistance																	
				Total (must = line 4 above)																	
<b>APPROVAL BY DIVISION OF COMMUNITY SERVICES</b>				<b>CERTIFICATION</b>																	
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>THIS SECTION FOR DCS USE</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>Loan Approved</td> <td></td> <td></td> </tr> <tr> <td>Authorized Signature</td> <td></td> <td></td> </tr> </table>				THIS SECTION FOR DCS USE	Yes	No	Release of Funds			Special Conditions Released			Loan Approved			Authorized Signature			Signature		
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Release of Funds																					
Special Conditions Released																					
Loan Approved																					
Authorized Signature																					
				Name and Title of Authorized Official																	
				Date Signed																	

## INSTRUCTIONS FOR COMPLETING "REQUEST FOR FUNDS"

*Please do not write in any shaded areas.*

**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** – **DO NOT ENTER** - this is auto filled from #7 below.

**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 Depositary Card).

**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.

### FUND STATUS REPORT

1. Include the total grant amount as authorized on the Financial Award or any subsequent approved amendments to the grant.
2. Include cumulative funds received to date.
3. Funds previously requested from DCS, but have not been received by grantee. (In transit).
4. Amount of this request. Must be the same as Total stated above.
5. Add Lines 2, 3 and 4, for total funds requested to date.
6. Line 1 less Line 5 for remaining funds to be drawn.
7. Identify each component as identified in your financial award for which the funds were used and the amount to be allocated.

**CERTIFICATION:** 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 6  
PO Box 2057  
Bismarck, ND 58502-2057  
Telephone (701) 328-5300  
Fax (701) 328-5320

OR

**EMAIL FORM TO BOTH OF THE FOLLOWING ADDRESSES:**  
[mcharlebois@nd.gov](mailto:mcharlebois@nd.gov) and [gproffitt@nd.gov](mailto:gproffitt@nd.gov)