

ESG/NDHG REQUEST FOR FUNDS
DIVISION OF COMMUNITY SERVICES
 SFN 52681 (01/22)

Grantee			Request Number		Amount Requested																	
Prepared By			Phone Number		SO - _____																	
			Is this a Final Reimbursement?		ES - _____																	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		HP - _____																	
Bank Name (Payee)			Bank Account Number		RR - _____																	
					HMIS - _____																	
Bank Address			Instrument Number		A - Admin _____																	
					T - Total _____																	
City		ZIP Code	Phone Number	Grant Begin Date	Grant End Date																	
FUND STATUS REPORT				A		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		HMIS																	
ES - Emergency Shelter			HP - Relocation & Stabilization Serv.		Admin (NDHG only)																	
ES - Operations			HP - Rental Assistance																			
ES - Essential Services			RR - Rapid Rehousing																			
ES - Renovation			RR - Relocation & Stabilization Serv.																			
			RR - Rental Assistance				Total (must = line 4 above)															
APPROVAL BY				CERTIFICATION																		
DIVISION OF COMMUNITY SERVICES																						
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" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">THIS SECTION FOR DCS USE</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">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			
				THIS SECTION FOR DCS USE	Yes	No																
				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 Depository 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 and gproffitt@nd.gov