

**HOME/NSP REQUEST FOR FUNDS
DIVISION OF COMMUNITY SERVICES (DCS)**

SFN 59131 (10/16)

Grantee	Request Number	Amount Requested P - _____
Prepared By	Phone Number	A - _____ T - _____
Bank Name & Address (Payee)	Instrument Number	Date
	Grant Begin & End Date	Have you submitted your Quarterly Report? Yes <input type="checkbox"/> No <input type="checkbox"/> NSP Only
Bank Account Number	(Cash advances to a grantee will be limited to the minimum amount needed)	

CASH STATUS REPORT

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

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. Amount Requested by Address		
Amount Requested	Address	IDIS/DRGR Activity #

APPROVAL BY DIVISION OF COMMUNITY SERVICES		CERTIFICATION OF AUTHORIZED OR LOCAL OFFICIAL																
_____		To the best of my knowledge, the data on this form are correct and all disbursements were made in accordance with grant conditions.																
DCS Authorized Signature	Date																	
<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> </table>		<i>THIS SECTION FOR DCS USE ONLY</i>	Yes	No	Release of Funds			Special Conditions Released			Repayment Schedule & Loan Approved			Authorized Signature			Signature	
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		Repayment Schedule & Loan Approved																
Authorized Signature																		
		Name and Title of Authorized Official																
		Date Signed																

INSTRUCTIONS FOR COMPLETING "REQUEST FOR FUNDS"

GRANTEE - Same as "RECIPIENT" as shown on Financial Award or Agreement Letter.

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). If not an ACH, address where check should be mailed.

INSTRUMENT NUMBER – If applicable 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 Agreement Letter as stated in subsequent approved amendments.

CASH STATUS REPORT

1. Include cumulative funds received from DCS or HFA 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 NSP 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 or HFA, but have not been received by recipient. (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 or HFA, but have not been received by grantee. (In transit).
14. State the amount requested for each address assisted.

CERTIFICATION OF AUTHORIZED OR LOCAL OFFICIAL Must be signed by one of the authorized individuals shown on the AUTHORIZED SIGNATURE CARD.

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) 328-2308

OR

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