NORTH DAKOTA housing FINANCE AGENCY

REQUEST FOR FUNDS

COMMUNITY HOUSING AND GRANTS MANAGEMENT

SFN 62456 (09/26)

Sub-Recipient - Same 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 North Dakota Housing Finance Agency (NDHFA)

Prepared By – Name and telephone number of the individual preparing this request.

Grant Period - Include the grant period as specified on the Financial Award or Agreement Letter as stated in subsequent approved amendments.

Sub-Recipient		Request Number
Prepared By	Telephone Number	Final Reimbursement ◯ Yes ◯ No
Instrument Number	Grant Begin Date	Grant End Date

AMOUNT REQUESTED

Program Funds	
Administrative Funds	
Total Amount Requested (should equal line 4 below)	

FUND STATUS REPORT

(Cash advances to a sub-recipient will be limited to the minimum amount needed.)

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 NDHFA but have not been received by recipient (in transit).
4. Amount of this request. Must be the same as 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. Include cumulative administrative funds received to date.
8. Administrative funds previously requested from NDHFA but have not been received by grantee (in transit).

1. Grant amount	
2. Funds received to date	
3. Funds requested, but not yet received	
4. Amount of this request	
5. Total funds requested to date (add lines 2,3,4)	
6. Funds available for request (line 1 less 5)	
7. Administrative funds received to date	
8. Administrative funds requested but not yet received	

State the amount requested for each address assisted.

Amount Requested	Address	NDHFA Use Only

CERTIFICATION OF AUTHORIZED OR LOCAL OFFICIAL

This must be signed by one of the authorized individuals show on the Authorized Signature Card. To the best of my knowledge, the data on this form are correct and all disbursements were made in accordance with grant conditions.

Print Name of Authorized Sub-Recipient	
Signature of Sub-Recipient	Date

Mail completed form to:
North Dakota Housing Finance Agency
PO Box 1535
Bismarck, ND 58502-1535

APPROVAL BY NDHFA

NDHFA Authorized Signature	Date