

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
CHIP DRAWDOWN REQUEST FORM**

State Recipient/Sub-recipient Name: _____ Grant Number: _____

Federal Tax ID Number: _____

Name and telephone number of the person to contact if there are any questions about this drawdown:

Name: _____ Phone: _____

DRAWDOWN INFORMATION

Administration (May only be requested at time of final drawdown for a project)

Activity	Amount Allocated	Amount Drawn To Date	Balance Available for Drawdown	Amount of Drawdown Requested	Balance Remaining after Drawdown
Administration					

Project Specific

DCA Project Number: _____

Drawdown Request Number for Project: _____ Final Drawdown: () Yes () No

Activity Type (DPA/Rehab/PDC)	Amount Allocated	Amount Drawn To Date	Balance Available for Drawdown	Amount of Drawdown Requested	Balance Remaining after Drawdown
PDC					
TOTAL					

BANKING DATA

State Recipient or Sub-recipient's Bank

Intermediary Bank (if applicable)

Depository Name: _____

Depository Name: _____

ABA#: _____

ABA#: _____

Account #: _____

Account#: _____

RECIPIENT - I certify that the data above is correct and that this request is in accordance with the terms and conditions of the above referenced grant. I further acknowledge that any disbursements attempted by DCA that fail to be deposited in the State Recipient or Sub-recipient's bank account as a result of inaccurate wiring instructions provided by the State Recipient or Sub-recipient at time of draw will result in a \$40 reduction in the administrative funds paid to the State Recipient or Sub-recipient for the activity and a corresponding reduction in the administrative grant available to the State Recipient or Sub-recipient.

Authorized Signature _____ Date _____ Title _____

Authorized Signature _____ Date _____ Title _____

For DCA Use Only

Reviewed By:

Approved By CHIP Manager:

Date:

Date:

Approved By Office Director:

Approved by Assistant Commissioner:

Date:

Date: