

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

State Recipient/Sub-Recipient Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Name and telephone number of the person to contact if there are questions: (PRINT)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SET UP INFORMATION**

DCA Project Number (i.e, CH13XATL-01): \_\_\_\_\_ Final Draw  YES  NO

Name of Project: \_\_\_\_\_

Total Project Amount: \$ \_\_\_\_\_

**2% of Total Project = \$ \_\_\_\_\_ (Amount of Admin Draw)**

**DRAWDOWN INFORMATION**

**ADMINISTRATION ONLY  
(2% Administration may only be requested with the Project Final Drawdown)**

Activity Type	Amount Allocated	Amount Drawn To Date	Balance Available for Drawdown	Amount of Drawdown Requested	Balance Remaining after Drawdown
ADMIN				\$	

**BANKING WIRING INSTRUCTIONS**

**State Recipient or Sub-Recipient's Bank:**

Depository Name: \_\_\_\_\_

ABA#: \_\_\_\_\_

Account#: \_\_\_\_\_

**Intermediary Bank (if applicable):**

Depository Name: \_\_\_\_\_

ABA#: \_\_\_\_\_

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 Signatures:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**2nd Authorized Signatures:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR DCA USE ONLY**

CHIP Program Staff Reviewed:

\_\_\_\_\_ Date: \_\_\_\_\_

CHIP Program Staff Reviewed:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved by CHIP Manager:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved by Office Director:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved by Division Director:

\_\_\_\_\_ Date: \_\_\_\_\_

(If Over \$25,000)

Entered By: \_\_\_\_\_

HUD IDIS (Admin) NUMBER: \_\_\_\_\_

HUD Admin. Funding Yr.: \_\_\_\_\_

HUD IDIS Voucher #: \_\_\_\_\_

ADMIN TRANSACTION NUMBER: \_\_\_\_\_

**FOR ACCOUNTING USE ONLY (DCA)**

DRAWDOWN APPROVED ON: \_\_\_\_\_

WIRED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_