

Habitat for Humanity:  
Community Impact Fund Program (ROUND 4)



**REQUEST FOR PAYMENT & CERTIFICATION**

**Trust Fund Program Administrative Draw**

Please complete and attach the following information as an accompaniment to each administrative payout request your organization submits for the Habitat for Humanity Community Impact Fund Program.

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**GRANTEE & PROGRAM INFORMATION**

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Grantee Name: \_\_\_\_\_ STF#: 51528  
Contact Person: \_\_\_\_\_ Telephone#: \_\_\_\_\_

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**ADMINISTRATIVE ELIGIBILITY CALCULATION**

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Award Amount:	Total Project Costs Spent to Date:
Maximum Admin.: (See Funding Agrmt.)	% of Possible Project Costs Spent:
Possible Project Costs: (Award Amount - Maximum Admin.)	Eligible Administrative Costs:
Total Administrative Amount Available This Request:	Total of Previous Administrative Requests:

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**TRUST FUND REQUEST**

**Total Admin Amount Requested to Date**

Trust Fund Administrative Amount This Request: \_\_\_\_\_

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**CERTIFICATION**

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The undersigned certifies that the information contained herein is true and accurate, that this request for payment has been drawn in accordance with the terms and conditions of the Habitat for Humanity Community Impact Fund Program and the IHDA Funding Agreement, and that the amount of this Trust Fund Program Payout Request is not in excess of current project needs. I further certify that the funds in the project file have proper documentation and are subject to monitoring and audit procedures by IHDA.

Authorized Grantee Signature

Date

Printed Name

Job Title

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**FOR OFFICIAL IHDA USE ONLY**

Authorized IHDA Signature

Reviewed/Approved By