

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.

GRANTEE & PROGRAM INFORMATION

Grantee Name: _____ STF#: 51528
Contact Person: _____ Telephone#: _____

ADMINISTRATIVE ELIGIBILITY CALCULATION

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:

TRUST FUND REQUEST	Total Admin Amount Requested to Date
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Trust Fund Administrative Amount This Request: _____

CERTIFICATION

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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Authorized IHDA Signature	Reviewed/Approved By
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