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sTATE OF cALIFORNIA department of Housing and Community Development

**HPRP monthly Draw Down request Form** Division of Financial assistance

HCD DFA HPRP 09 (REV 07/11) Homelessness Prevention and Rapid Re-hoUSING Program

**TO:** Department of Housing and Community Development

Homelessness Prevention and Rapid Re-Housing Program (HPRP)

1800 Third Street, MS 390-4

Sacramento, CA 98511

|  |  |
| --- | --- |
| DRAW # | dRAW PERIOD     TO |
| **Subgrantee:** | **Grant No.:** |
| **Address:** | **City, State and Zip:** |
| **Area Code and Phone No.: Ext. Fax No.:** | **E-mail Address:** |
| **Please follow the below instructions for submitting a HPRP *Monthly* Drawdown Request. If you have any questions, email your HPRP Contract Representative**   * When completing this request consideration should be given to the financial need for next 30 to 45 days. * The total *monthly* draw down amount requested must be substantiated with a quick calculation of financial need. Please provide in space given below. The draw should account any unused funds. * Please complete all fields listed on the Draw Down Request (DDR) form and submit it with the required Detailed Expenditure Report (DER). Any omissions may delay your payment. * Any ineligible expenses included in the DER will be disallowed and may reduce the draw down amount. * A current Certificate of Insurance must be on file with HCD. | |

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| --- | --- | --- | --- | --- | --- | --- |
| budget ACTIVITY | APPROVED BUDGET AMOUNT | Previously DRAWN TOTAL | Requested  DRAW AMOUNT | TOTAL | | BALANCE REMAINING |
| **Homeless Prevention**  - Financial Assistance | $ | $ | $ | $0 | | $0 |
| - Housing Relocation and Stabilization | $ | $ | $ | $0 | | $0 |
| **Homeless Assistance (Rapid Re-Housing)**  - Financial Assistance | $ | $ | $ | $0 | | $0 |
| - Housing Relocation and Stabilization | $ | $ | $ | $0 | | $0 |
| **Data Collection and Evaluation** | $ | $ | $ | $0 | | $0 |
| **Grant Administration** | $ | $ | $ | $0 | | $0 |
| Total | $0 | $0 | $0 | $0 | | $0 |
| **Enter Calculation Here:** | | | | | | |
| Funds needed for the Draw Period | | | | | **$** | |
| Expenses exceeding draws or | | | | | **$** | |
| Unspent funds per the last DER | | | | | **$** | |
| Total Draw Request | | | | | **$0** | |

|  |  |
| --- | --- |
| *I hereby certify that this draw down request is in accordance with terms of the approved Standard Agreement.* | |
|  |  |
| Name of Authorized Grantee Representative | Title |
|  |  |
| Signature of Authorized Grantee Representative | Date |

|  |
| --- |
| **HCD USE ONLY** |

|  |  |
| --- | --- |
|  | **Recommend: Approval  Approval with changes** |
| HCD Representative Signature Date |
|  | **Approved  Approved with changes** |
| HPRP Program Manager Signature Date |