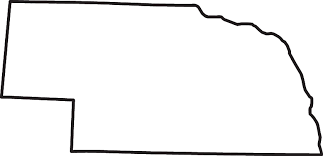
|  |  |  |
| --- | --- | --- |
| **>= $100,000**  **>= 25% Project**  **RH**  DED USE ONLY | | **DED Date Stamp** |
| DED Reviewed By | Date |

**REQUEST FOR HTF FUNDS**



HTF

HOUSING TRUST FUND

NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Grantee | | Mailing Address | | City | State | ZIP |
| HTF Grant Number | Federal Identification Number | Request For HTF Funds Number | Page  **of** | DED Program Representative | | |

**Part I – STATUS OF FUNDS**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Award Funds Received to Date** |  | IMPORTANT Round all figures down to nearest Whole Dollar. | DED Use Only |
| **2. Add: Program Income Received to Date** |  |  | Line of Coding |
| 3. Subtotal |  |  |  |
| 4. Less: Federal Funds Disbursed To Date (***Must Agree To Total Of Part II, Line 3***) |  |  | Document Number |
| 5. Total: Federal Funds On Hand (***Must Agree To Part II, Line 6***) |  |  |  |

**Part II – CASH REQUIREMENTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Code Description |  | |  | |  | |  | |  | |  | | TOTAL |
|  |  | |  | |  | |  | |  | |  | |  |
| Final Disbursement | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
| 1. Total Cash Requirements To Date |  | |  | |  | |  | |  | |  | |  |
| 2. Less: Local Funds Applied |  | |  | |  | |  | |  | |  | |  |
| 1. Less: Federal Funds Disbursed   ***Total Must Agree To Part I, Line 4*** |  | |  | |  | |  | |  | |  | |  |
| 4. Total Current Cash Requirements |  | |  | |  | |  | |  | |  | |  |
| 5. Less: Unpaid Previous Request |  | |  | |  | |  | |  | |  | |  |
| 6. Less: Federal Funds On Hand  (***Must Agree To Part I, Line 5***) |  | |  | |  | |  | |  | |  | |  |
| 7. Net Amount of Federal Funds Requested $1,500 MINIMUM HTF REQUEST UNLESS FINAL DRAW. |  | |  | |  | |  | |  | |  | |  |

*I certify that this request for federal funds has been prepared in accordance with the terms and conditions of the HTF contract, OMB Circular A-122 and Treasury Circular No. 1075 which govern expenditures of federal funds for this award. I also certify that all data reported above is correct and that the amount of the request federal funds is not in excess of current needs.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Authorized Official | Typed Name of Authorized Official | | Date | |
| Signature of Authorized Official | Typed Name of Authorized Official | | Date | |
| Person Preparing Request for HTF Funds Form  Name: | Organization: | Email: | | Telephone Number: |
| DEPARTMENT OF ECONOMIC DEVELOPMENT USE | AMOUNT APPROVED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

INSTRUCTIONS

Request for HTF Funds

Nebraska Department of Economic Development (Revised September 2017)

GENERAL INSTRUCTIONS

If a grantee has more than one grant, funds must be requested separately for each grant. Carefully enter all requested information. Double check addition and subtraction. Incomplete or incorrect forms will not be processed. Round all figures down to the nearest whole dollar. ONLY ONE ORIGINAL OF THIS FORM IS REQUIRED TO BE SUBMITTED.

IDENTIFYING INFORMATION

**Name of Grantee:** Name of organization awarded funds (must match name in contract)

**Mailing Address, City, State, and Zip Code:** Address of organization named in contract

**HTF Grant Number:** Grant Number listed in contract (i.e. 00HTFRH060-02)

**Federal Identification Number:** Nine-digit tax ID number of organization (must match federal ID in contract)

**Request for HTF Funds Number:** Number of Draw (if there has been 3 previous draws, current draw is #4)

**DED Program Representative:** Your DED contact for program questions as identified in Notice of Award letter

# PART I – STATUS OF FUNDS

**Line 1** - Total of all HTF funds you have received from DED to date (do not include program income or award funds requested but not yet received)

**Line 2** - All program income received to date (do not include other funds listed in your contract)

**Line 3** - Subtotal lines 1 and 2

**Line 4** - Total of HTF funds expended on project to date (must include any program income spent and must equal Part II, Line 3 Total)

**Line 5** - Subtract Line #4 from Line #3, will equal award funds received but not yet expended. Transfer this amount to Part II, Line #6. Please note that HTF Funds on Hand must be noted for each applicable activity.

# PART II – CASH REQUIREMENTS

This part provides information on the grantee’s cash requirements. Requests for funds are to be submitted only as funds are needed for immediate disbursement. Identify the activities by entering the activity code (i.e. the activity number determined by DED on completed HTF Activity Set-Up Report’s sent to the HTF grantee). All HTF funds are set-up address by address except for activity codes 181, those funds (as shown in particular grant contracts in the Sources and Uses Section) may be drawn by using 181 as the activity code description without completing a HTF Activity Set-Up Report. Be sure to complete Part ll for all set-up activities even if funds are not requested for all activities. Enter totals to the right of each row and the bottom of each column. Indicate whether this is the final disbursement for each activity.

**Line 1** – Enter the total of all cash requirements to date. This amount should be equal to all expenditures paid to date plus cash needed to meet immediate obligations.

**Line 2** - Amount of other funds applied. This will include local funds already expended and local funds which will be expended to meet the immediate cash obligations identified in Line 1.

**Line 3** - Amount of HTF funds expended for each activity (including Program Income). Total will equal Part I, Line 4.

**Line 4** - Subtotal by subtracting lines 2 and 3 from line 1. This amount should equal the amount of HTF funds needed for immediate cash obligations.

**Line 5** - Amount of HTF funds requested for each activity previously but not yet received by your organization.

**Line 6** - Amount of HTF funds (including program income) received for each activity but not yet expended. Total will equal Part l, Line 5.

**Line 7** – The net amount of HTF funds requested is determined by subtracting lines 5 and 6 from line 4. This should be the amount of HTF funds needed (when added to HTF funds on hand and unpaid previous requests) to meet immediate cash requirements. Funds may be requested at any time and in any frequency; however, the minimum request is $1500 except for the final request on a grant

**If you have more than one page for your draw:**

On each subsequent page in the first column of Part II please list the totals from the previous page. This will allow the form to carry your totals forward. DO NOT print separate pages and then handwrite the totals on the last page.

**Two signatures are required for each draw. These signatures must match the authorized signatures submitted to DED on the Authorization to Request HTF Funds. Please list the Preparer’s Name, Organization and Telephone Number. After signing and dating the Request for HTF Funds, the grantee should retain a copy of the form and mail (no FAX or EMAIL) the single original to:**

**HTF Request for Funds**

# Nebraska Department of Economic Development

**P.O. Box 94666**

**Lincoln, NE 68509-4666**