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| **REQUEST FOR 2022 MIDDLE INCOME WORKFORCE HOUSING FUND (MWHF) FUNDS** |
|  |  |
| *C:\Users\jason.seamann\Pictures\SP_DED_Logo_T_S-01.png* |  | **Recipient Name** |
|  |
| Recipient Address |
|  |
|  |
|  | **Contract Number** | **Contract End Date** | **Request Number** | **DED Coordinator** |
| *Please see instructions on next page.* |  |  |  |  | **Nick Dropinski** |

|  |  |  |
| --- | --- | --- |
| **Part I: Status of Funds** |  | **Part II: Cash Request** |
| 1. Grant Amount Awarded
 |  | 1. Total Cash Request
 |  |
| 1. Less Grant Funds Received to Date
 |  | 1. Matching Funds (at least ½:1 required)
 |  |
| 1. Balance of Grant Funds Available
 |  | 1. Remaining Grant Funds
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| **Match Documentation**  |
| Certification of matching funds is required to request MWHF funds. Attach a bank statement showing sufficient funds from designated bank(s) to this request form. The bank statement must be for an account controlled by the recipient organization. |
| *[ ]*  | Bank Statement Attached |

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| ***I certify that this request for funds has been prepared in accordance with the terms and conditions of the DED Grant Agreement, which governs expenditures of funds for this grant.*** |
| ***I also certify that all data reported above is correct.. MUST BE SIGNED IN BLUE INK.*** |
| Signature of Authorized Official | Typed Name of Authorized Official | Date |
|  |  |  |
| Person Preparing Request for MWHF Funds Form Name:  | Recipient:  | Telephone Number: | Email:  |
| DED USE ONLY | AMOUNT APPROVED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INITIALS:\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_ |

INSTRUCTIONS

Request for MWHF Funds

# General Instructions

Enter all requested information. Double check the math. Incomplete or incorrect forms will not be processed. There is a **$10,000 MINIUMUM** request for funds unless it is the final draw.

# Identifying Information

The top portion of the Request for MWHF Funds will be completed with the appropriate identifying information.

* Contract Number - is the number assigned to each grant
* Contract End Date – Date the contract ends
* Request for MWHF Funds Number - Each request for funds will be consecutively numbered by the recipient, if the funds are not all requested in the first draw.

# Part I: Status of Funds

Part I of the Request for MWHF Funds form will provide the status of MWHF funds for the grant.

Line 1 List the grant amount as listed in the contract.

Line 2 Subtract all grant funds received to date.

Line 3 Balance of grant funds available will reflect funds which have not been disbursed.

# Cash Requirements

Part II of the Request for MWHF Funds form will provide information on the recipient’s cash request. Requests for funds are to be submitted only as matching funds are available. It is anticipated that recipients should receive funds within 2 weeks from the date the request is received by DED. Enter the amounts for each to the right of each row. .

Line 1 Enter the total of this cash request.

Line 2 Enter the amount of matching funds available for this request. (Minimum ½:1 match required)

Line 3 The remaining amount of Grant funds remaining. Subtract Part II Line 1 from Part I Line 3.

**Match Documentation**

Attach a bank statement(s), documenting Match to this request form. The bank statement must be for an account controlled by the recipient.

Information in bottom is also required to be filled out: Signature of Authorized Official, Typed Name of Authorized Official, Date, Person Preparing Request for MWHF Funds Name, Business, Phone Number and Email.

**SIGNATURE AND SUBMISSION:**

Complete Request Form and attach match documentation. Attach this Request Form and the match documentation to your payment request in Amplifund.

**PROCESSING:**

Submissions will be reviewed for eligibility, and once confirmed, submitted to Finance for processing and payment. Payments are in the form of an ACH transfer. Transfers typically take 10-15 business days.