

TO: DELAWARE STATE HOUSING AUTHORITY FROM: Dover Community Development Department RE: REQUEST FOR DRAWDOWN DATE:	DSHA USE ONLY APPROVED DATE				
SECTION I REQUEST FOR PAYMENT					
Name and Address of Requester Dover Community Development Department Department of Planning & Inspection P.O. Box 475 Dover, DE 19903	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Contract No. NSP #02-08</td> <td style="width: 50%; padding: 5px;">Federal E.I. No. #51-6000092</td> </tr> <tr> <td style="padding: 5px;">Amount Requested</td> <td style="padding: 5px;">Request No.</td> </tr> </table>	Contract No. NSP #02-08	Federal E.I. No. #51-6000092	Amount Requested	Request No.
Contract No. NSP #02-08	Federal E.I. No. #51-6000092				
Amount Requested	Request No.				
SECTION II ITEMIZATION OF AMOUNT REQUESTED					
TYPE OF ACTIVITY	AMOUNT				
PROGRAM COSTS (LIST FOR PAYEE AND TYPE ACTIVITY)					
TOTAL PROGRAM ACTIVITY REQUEST					
LESS: PROGRAM INCOME					
NET PROGRAM REQUEST					
ADMINISTRATIVE COSTS					
TOTAL FUNDS REQUESTED					
SECTION III REMARKS (Explanation of Program Income if applicable)					

NOTE: Program Income must be used to reduce the NEXT drawdown submitted after it is received. Indicate under REMARKS the program activity to which program income will be applied.

DELAWARE STATE HOUSING AUTHORITY
 EMERGENCY SHELTER GRANTS PROGRAM
 SCHEDULE OF PAYMENTS

Contract Number: NSP #02-08

Drawdown Number:

Program Activity	Authorized Budget	Draws to Date	This Draw **	Total Draws	Balance
Administration	\$73,260.00				
Program Activities					
Purchase and rehabilitation	\$1,426,740.00				
Total Draw Request	\$1,500,000				

CERTIFICATION: I certify that this Request for Payment has been in accordance with the terms and conditions of the Contract Award cited and that the amount requested is proper for payment to the drawer. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs.

NOTE: An approved change order (DSHA-16) must accompany any Request for Drawdown that indicates transfer of funds not exceeding 5% of the total funds approved for all contracted NSP program activities, excluding administration.

When an individual transfer, or the cumulative amount of all such transfers, exceeds 5% of the total funds approved for all contracted NSP program activities, excluding administrative costs, a Contract Amendment reflecting the transfer must be executed prior to drawdown.

DATE: _____ SIGNATURE: _____ TITLE: _____

DATE: _____ SIGNATURE: _____ TITLE: _____

** NOTE: This column should reflect NET PROGRAM REQUESTS and TOTAL FUNDS REQUESTED from Page 1.