

ONEGEORGIA AUTHORITY
REQUEST FOR DRAWDOWN OF FUNDS

1. RECIPIENT (Name) _____ NAME & TELEPHONE NUMBER OF THE PERSON TO CONTACT IF THERE ARE ANY QUESTIONS ABOUT THIS DRAWDOWN: NAME: _____ EMAIL: _____ TELEPHONE: _____ FAX: _____	2. PROJECT NUMBER _____ DRAWDOWN REQUEST NUMBER _____ FINAL DRAWDOWN: YES _____ NO _____
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3. DRAWDOWN INFORMATION

A.	B.	C.	D.	E.	F.	G.
BUDGET ITEMS BY ACTIVITY CODE	DRAWDOWNS RECEIVED TO DATE BY LINE ITEM \$	DRAWDOWNS REQUESTED BUT NOT RECEIVED BY LINE ITEM \$	TOTAL AMOUNT SPENT TO DATE BY LINE ITEM \$	DRAWDOWN BALANCE ON HAND (B+C)-D=E	AMOUNT NEEDED AS OF THIS DATE	AMOUNT OF DRAWDOWN REQUESTED (F-E)=G
TOTAL						

(NOTE: Proof each budget line item for accuracy. Proof columns for accuracy and attach cost documentation to support request.)

4. I certify that the data above is correct and that this request is in accordance with the terms and conditions of the above referenced grant.

Date	Authorized Signature	Title
Date	Authorized Signature	Title

FOR ONEGEORGIA AUTHORITY USE ONLY

	EXPLANATION OF DIFFERENCES (IF APPLICABLE):
Date Received	
Amount Approved	
Date of Funds Transfer	
REVIEWED by _____	Date _____ APPROVED by _____ Date _____