

# EXHIBIT 3-E

## REQUEST FOR PAYMENT

PART 1 – REQUEST FOR PAYMENT				
GRANTEE NAME & ADDRESS:	DRAW NUMBER:	FUNDS SHOULD BE PROVIDED BY ____ RETURN MAIL  ____ DIRECT DEPOSIT	TOTAL AMOUNT REQUESTED (6D+14D-16D)  \$ -	
MDOC CONTRACT NO:	MAKE DEPOSIT PAYABLE TO:			
GRANTEE TAX ID NO:	ACCOUNT NO:			
	NAME OF BANK:			
PART 2 – STATUS OF FUNDS				
<b>MATCH ACTIVITY:</b>	B. AMOUNT COMMITTED PER CONTRACT:	C. AMOUNT GRANTEE CERTIFIED TO DATE:	D. AMOUNT CERTIFIED THIS DRAW:	E. MATCH BALANCE REMAINING: (B-C-D)
MATCH CONTRIBUTION SUMMARY:	\$ -	\$ -	\$ -	\$ -
<b>SOFT COSTS ACTIVITY BUDGET:</b>	B. AMOUNT BUDGETED PER CONTRACT	C. BALANCE REMAINING PRIOR TO THIS DRAW	D. AMOUNT REQUESTED THIS DRAW	E. SOFT COSTS BALANCE REMAINING: (C-D)
1.	\$ -	\$ -	\$ -	\$ -
2.	\$ -	\$ -	\$ -	\$ -
3.	\$ -	\$ -	\$ -	\$ -
4.	\$ -	\$ -	\$ -	\$ -
5.	\$ -	\$ -	\$ -	\$ -
6. TOTAL SOFT COSTS BUDGET (SUM OF ROWS 1 THROUGH 5)	\$ -	\$ -	\$ -	\$ -
7. PERCENT OF TOTAL SOFT COSTS BUDGET REMAINING (6E/6B)				#DIV/0!
<b>PROJECT ACTIVITY BUDGET:</b>	B. AMOUNT BUDGETED PER CONTRACT	C. BALANCE REMAINING PRIOR TO THIS DRAW	D. AMOUNT REQUESTED THIS DRAW	E. PROJECT BALANCE REMAINING: (C-D)
8. ACQUISITION/ LAND AND BUILDINGS	\$ -	\$ -	\$ -	\$ -
9. SITE WORK	\$ -	\$ -	\$ -	\$ -
10. CONSTRUCTION AND REHAB	\$ -	\$ -	\$ -	\$ -
11. PROFESSIONAL FEES	\$ -	\$ -	\$ -	\$ -
12. CONSTRUCTION & PERMANENT FINANCING FEES	\$ -	\$ -	\$ -	\$ -
13.	\$ -	\$ -	\$ -	\$ -
14. TOTAL PROJECT BUDGET (SUM OF ROWS 8 THROUGH 13)	\$ -	\$ -	\$ -	\$ -
15. PERCENT OF TOTAL PROJECT BUDGET REMAINING (14E/14B)				#DIV/0!
<b>PROGRAM INCOME / CHDO PROCEEDS SUMMARY</b>	B. AMOUNT RECEIVED TO DATE	C. AMOUNT EXPENDED TO DATE	D. PROGRAM INCOME / CHDO PROCEEDS ON HAND: (16B-16C)	
16. TOTAL PROGRAM INCOME / CHDO PROCEEDS	\$ -	\$ -	\$ -	
		HOME USE ONLY—TOTAL AMOUNT APPROVED: (6D+14D)	\$	

**PART 3: PROJECT ACTIVITY BUDGET SUMMARY**

1. MDOC CONTRACT NO:									DRAW NO:		
2. A. IDIS ACTIVITY # ASSIGNED BY MDOC:	B. HOME FUNDS COMMITTED: <i>(as per project set-up)</i>	C. CUMULATIVE FUNDS DRAWN PRIOR TO THIS DRAW:	D. AMOUNT REQUESTED THIS DRAW PER PROJECT BUDGET ACTIVITY CATEGORY						E. TOTAL AMT. REQUESTED THIS DRAW (sum of the amounts in the six columns in part D)	F. BALANCE OF COMMITTED FUNDS REMAINING (B - C - E = F)	G. PARTIAL (P) OR FINAL (F) DRAW
			ACQUISITION, LAND AND BUILDINGS	SITE WORK	CONSTRUCTION AND REHABILITATION	PROFESSIONAL FEES	CONSTRUCTION & PERMANENT FINANCING FEES	SOFT COSTS			
1.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2.									\$ -	\$ -	
3.									\$ -	\$ -	
4.									\$ -	\$ -	
5.									\$ -	\$ -	
6.									\$ -	\$ -	
7.									\$ -	\$ -	
8.									\$ -	\$ -	
9.									\$ -	\$ -	
10.									\$ -	\$ -	
11.									\$ -	\$ -	
12.									\$ -	\$ -	
<b>3.</b> TOTAL PROJECT BUDGET* (SUM OF LINES 1-12)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

**PART 4 - CONTRACT REPORTING**

1. DOES THE REQUEST FOR PAYMENT INCLUDE PAYMENT TO A CONTRACTOR?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GO TO NUMBER 2.

2. HAS THE GRANTEE COMPLETED **EXHIBIT 3-H** (*ECONOMIC OPPORTUNITIES FOR LOW AND VERY-LOW INCOME PERSONS IN CONNECTION WITH ASSISTED PROJECT*) **AND EXHIBIT 3-I** (*CONTRACT REPORTING FORM*) FROM THE ADMINISTRATIVE MANUAL?

YES \_\_\_\_\_ NO \_\_\_\_\_

**THESE FORMS MUST BE INCLUDED FOR APPROVAL OF THE REQUEST FOR PAYMENT.**

**PART 5 - LOCAL CERTIFICATION**

DATE	SIGNATURE	TITLE
DATE	COUNTERSIGNATURE	TITLE

**PART 6 - MDOC CERTIFICATION**

EXPENDITURES ARE REASONABLE AND APPROPRIATE	APPROVED BY HOME PROGRAM OFFICER  DATE ____/____/____
FINANCIAL NUMBERS, SIGNATURES CORRECT	APPROVED BY HOME PROGRAM MANAGER/BUREAU CHIEF  DATE ____/____/____
CONSISTENT WITH PREVIOUS DRAW	APPROVED BY MDOC ACCOUNTING  DATE ____/____/____
	DRAWDOWN ENTERED INTO IDIS  DATE ____/____/____
INCLUDES FINAL DRAWDOWN ON PROJECT	PAYMENT CERTIFICATION NUMBER

OTHER COMMENTS:

<b>PART 7 - PROGRAM INCOME / RECAPTURED FUNDS CERTIFICATION</b>	
<i>(Must be completed and submitted by all Grantees and accompany all Request for Payment forms submitted to the HOME Program)</i>	
<b>GRANTEE NAME &amp; ADDRESS:</b>	<b>DRAW #:</b>
	<b>IDIS #(s)</b>
<b>MDOC CONTRACT NO:</b>	

By requesting the disbursement of Federal HOME funds, the representatives of (*insert name of grantee*) who are signing this form certify that he/she is authorized to execute the certifications set forth herein, and, on behalf of the Grantee, further certifies that, in accordance with HUD's regulations at 24 CFR Part 92:

(*insert name of grantee*) has no funds in its accounts, or in accounts held by others on its behalf, that constitute program income or recaptured funds; **and**

(*insert name of grantee*) has not drawn and will not draw HOME Investment Partnerships Program funds until after all program income or recaptured funds have been expended; **and**

(*insert name of grantee*) has complied with and will comply with all of the financial reporting responsibilities required by HUD's regulations and the applicable uniform administrative requirements at 24 CFR Part 85

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Typed Name & Title

\_\_\_\_\_  
Countersignature Date

\_\_\_\_\_  
Typed Name & Title

<b>PROGRAM INCOME (PI) AND RECAPTURED FUNDS (RF) SUMMARY</b>				
Total PI &/or RF Received to Date	Total Amount PI &/or RF Expended to Date	PI &/or RF on Hand	PI &/or RF Expended this Draw	PI &/or RF Ending Balance
		0.00		0.00