## 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 AMOUNTRequested**
  - \((6D+14D-16D)\)
- **MAKE DEPOSIT PAYABLE TO:**
- **MDOC CONTRACT NO:**
- **GRANTEE TAX ID NO:**
- **ACCOUNT NO:**
- **NAME OF BANK:**

### PART 2 – STATUS OF FUNDS

#### MATCH ACTIVITY:
- **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:
- \(\$\)
- \(-\)
- \(-\)
- \(-\)
- \(-\)

#### SOFT COSTS ACTIVITY BUDGET:
1. **B. AMOUNT BUDGETED PER CONTRACT**
2. **C. BALANCE REMAINING PRIOR TO THIS DRAW**
3. **D. AMOUNT REQUESTED THIS DRAW**
4. **E. SOFT COSTS BALANCE REMAINING** \((C-D)\)
5. \(\$\)
6. \(\$\)
7. \(\$\)

#### PROGRAM INCOME / CHDO PROCEEDS SUMMARY
16. **TOTAL PROGRAM INCOME / CHDO PROCEEDS**

### Home Investment Partnerships Program
Montana Department of Commerce
3E-i
HOME Administration Manual
January 2010