

Request For Grant Disbursement Form Missing Middle Housing Program

This completed form should get uploaded into your SharePoint folder. In addition, you must remit supporting documentation. Refer to the "Disbursement Information and Checklist" for requirement details.

SECTION 1: Project Information

Developer/Awardee Name:		
Developer Tax ID Number:		
Developer Mailing Address* (should match address associated with Tax ID)		
Project Name:		
MM Project Number (aka: Grant Number):		
Who should we contact about this request?	Name:	
	E-Mail:	
MSHDA prefers to wire disbursements, but you can receive disbursement via check. Please select your preference: _____ Wire (2-3 business days) _____ Check (7-10 days)		
<ol style="list-style-type: none"> 1) Regardless of the payment method, if this is your 1st Disbursement Request, you must fill out and attach a W-9 (available on our webpage). Subsequent requests will <u>not</u> require a W-9 as you will be in our system. 2) If you prefer wire transfer, you must provide <u>written</u> wiring instructions from your local bank branch; complete instructions can be found on the "Disbursement Information Checklist". 3) If you prefer a check, it will be mailed to the above address unless otherwise arranged. 4) If you are requesting disbursement prior to CoFO funds will be disbursed to an escrow agent such as a title company, complete Section 3. 		

SECTION 2: Disbursement Request Details

If you are seeking a *partial* disbursement, list only the completed home(s) or unit addresses affected by this request. Leave off those that will be on future request(s). You may add pages if more lines are needed so long as they contain the same basic information as below.

Address Line 1	Address Line 2 or Unit #	City	Zip Code	Disbursement amount being requested
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
GRANT TOTAL THIS REQUEST				\$

SECTION 3: Escrow Agent Information (If Applicable)

Complete this section ONLY if requesting disbursement to an escrow agent.			
Escrow Company:		Contact Person:	
Contact Phone #:		Contact Email:	
Do you need the funds available on the date of closing? ____YES ____NO ____NA/Already Closed			Scheduled Closing Date:

SECTION 4: Disbursement Tracking

Total Grant Award Amount	\$
Total Disbursement Received to Date	\$
Total of Today's Request	\$
Balance Remaining	\$

SECTION 5: Certification

I certify this disbursement request does not include any incurred costs related to construction labor or supplies which have received any other federal funds or emergency COVID-19 supplemental funding (whether state, federal or private in nature) for the same expense(s). I further understand that misrepresentation of project costs and funding sources could lead to recapture of the Missing Middle grant funds.			
Authorized Signature:			
Printed Name and Title:		Date:	

THE REMAINDER OF THIS PAGE IS FOR MSHDA INTERNAL USE ONLY

MSHDA Missing Middle staff has reviewed the above information and supporting documentation to ensure this disbursement meets Missing Middle eligibility requirements. By electronically signing below, I am confirming my review and agree the above information matches our records. I have also confirmed the requested disbursement plus any prior disbursements do not exceed the total award.

Signatures

Reviewer/Missing Middle File Manager

Date

Missing Middle Program Manager

Date

Executive Approval

Date