

SUPPORTIVE HOUSING PROGRAM REQUEST FOR FUNDS

Project Sponsor: _____
 Contact Person: _____
 E-mail Address: _____

Contract Number: SHP _____
 Telephone: _____
 Fax: _____

REQUEST NUMBER: _____

DATE SUBMITTED: _____

Appropriate documentation (receipts, invoices, etc.) must accompany this request, including a Program income report, if applicable. A completed Hourly Rate Calculation must be on file, and Client or Operations Billing Sheet must accompany all requests for salary reimbursements. Further documentation (i.e. time sheets, benefits documentation, etc.) may be requested, and hours may be verified against HMIS. Hours not identified consistently on these forms will not be reimbursed.

SHP Cost Category (include all line items in spaces provided)	Allowable Cost incurred	IHFA approved amount	Total by SHP category
Leasing	\$		Total Leasing \$
Supportive Services			
			Total Supportive Cost \$
Operating Costs			
			Total Operating Services \$
Admin (support with documentation)	\$		Total Admin \$
		Total Draw	\$

CERTIFICATION: By signing below, I certify that the above data is correct based on our (sponsor's) official accounting system and records, and the expenditures shown have been made for the purposes stated, and are in accordance with the contract terms and conditions, and conditions of the program. I further certify that the funds requested are for reimbursement of actual expenses and have not been previously requested.

FOR IHFA USE ONLY

 Authorized Sponsor Signature Date

 IHFA Reviewed

 Printed Sponsor Name and Title

 IHFA Approved