

Housing Trust Fund Corporation
GREATER CATSKILLS FLOOD REMEDIATION PROGRAM
Local Program Administrator Disbursement Request Form

Name of County:		Project ID:	
Name & phone number of person completing this form:		Date:	
Mailing Address:			
City:	State:	Zip Code:	Tax ID:

FINANCIAL INFORMATION

Total GCFRP contract amount:	
Total requested to date:	
Total amount of this request:	

Number of Detail Sheets attached:	Soft Cost	Acquisition	Demolition
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I certify that this request, and all associated forms, is just, true and correct; the attached Detail Sheet(s) are accurate; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Signature:	Date:
1. _____	_____

Name of Signatory (Please print or type):	Title:
_____	_____

Signature:	Date:
2. _____	_____

Name of Signatory (Please print or type):	Title:
_____	_____

HTFC use only

OCR approval:	Date:
Finance approval:	Date:
Disbursement number (HTFC use only):	Voucher Number: