

Instructions

Tier II funds are disbursed on a reimbursement basis. To be considered a reimbursement, you need to provide documentation showing that you have paid for the service/item or have an obligation to pay. To request funds for Tier II, this form needs to be completed and signed by an Authorized Representative.

Grantee Information

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Grantee Organization (City) Name:

MN Housing Award Number (202#-Tier 2-0##):

Project Type (identified in Grant Contract)

Amount Requested

Affordable Housing Development and Finance	
Financial Support to Nonprofit Affordable Housing Providers	
Market Rate Residential Rental Property Development	
Emergency Shelter Operations	
Other _____ <small>(add description from work plan)</small>	

For each Project Type enter the reimbursement amount requested at this time. For each amount requested below, you must include supporting documentation for MHFA’s review and approval. Supporting documentation may include but is not limited to: ledgers; bank statements; accounting reports; receipts; additional invoices; contract pay applications/draw requests; photographs of work in progress and completed; and other relevant financial records and documents as MHFA reasonably requests. Supporting documentation must match or be more than disbursement request.

Authorized Representative Signature

The undersigned certifies they are an Authorized Representative of the Grantee and certifies on behalf of the Grantee that this Request for Funds is made in accordance with the Grant Contract Agreement described in the “Grantee Information” section above and all funds received have been used in accordance with the Grant Contract Agreement.

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Authorized Representative Signature

Authorized Representative Name Printed

Date

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Authorized Representative Email:

Authorized Representative Phone:

The signature must be either wet or e-signature. Completed form and supporting documentation should be emailed to lghp.disbursements.mhfa@state.mn.us.