



ARPA SLFRF Drawdown Request Form NON-PROFITS

Organization Name:	Award No.	MUNIS Vendor No.
Contact Name.	Contact No.	
Drawdown Amount:		
<input type="checkbox"/> Standard Drawdown \$100,000.00		
<input type="checkbox"/> Requested Amount \$ _____ (drawdowns other than \$100,000)		
Justification for Drawdowns greater than \$100,000.00		
Authorized Representative Name (Printed)		
Authorized Representative Signature and Date		

ARPA Staff Use Only:
Drawdown No. ____ Proj. Code: 8899210004 Date Uploaded to MUNIS: _____ MUNIS Doc No. _____

Approved Disapproved

Secretary of Finance Date