

**New York State Division of Housing and Community Renewal  
Member Item Program**

**Disbursement Request Form  
for Contracts AND  
Voucher Agreements over \$25,000**

**Instructions:** Complete and submit to the Local Programs for the release of payments for awards above \$25,000. Awards from \$25,001 to \$49,999 will be disbursed in no more than three (3) payments. Awards above \$50,000 will be disbursed in no more than four (4) payments. The final payment will be the 10% **completion payment**.

Please note: Payments will not be released unless your organization is in compliance with DHCR policies and procedures for prior contracts with DHCR.

Date of Request: / /  SHARS ID#: \_\_\_\_\_ Contract #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **New York** Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

Contract Term: / /  to / /  Total Contract: \$ \_\_\_\_\_

Disbursed to Date: \$ \_\_\_\_\_

Type of Payment Requested:  Advance  Progress  Completion

For period covering:

Date: / /  to / /  Amount Requested: \$ \_\_\_\_\_

**Contract Payments:**

**Advance Payments** - Advance payment can be requested for 25% of the award, if the nature of the contract activities require advance payment. Such advance payment must be approved by DHCR. Submission requirements are:

1. Disbursement Request Form;
2. Signed Standard Voucher; and
3. Description of activities, justification of why advance payment is necessary.

**Progress Payments** - Progress payment may be requested as progress is made. Submission requirements are:

1. Disbursement Request Form;
2. Signed Standard Voucher; and
3. Description of activities, what you have accomplished with funds.

**Completion Payments** - Payment of the 10% completion payment will be made after the completion of all of the proposed contract activities and a final report is submitted. Submission requirements are:

1. Disbursement Request Form;
2. Signed Standard Voucher;
3. Final Report for current contract.

**Description of Activities:**

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**Certification:**

I certify that funds were spent for the approved project during the contract/voucher term and do not duplicate payment from other sources.

Approved by: \_\_\_\_\_, Executive Director

\_\_\_\_\_, Board of Directors Signatory

DHCR Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	DHCR Use Only Comments:
Director, CSB Unit		Date	
Deputy Director, CSB Unit		Date	