

For instructions to complete, please see Awards Procedures: Chapter 1, Section 3.B

Recipient Name _____

Award ID # _____

Per your local discretion:
Only one signature required
Two signatures required

Typed name Signature Date

Typed name Signature Date

Typed name Signature Date

Typed name Signature Date

Typed name of certifying representative Signature of certifying representative Date

Note: On all Requests for Drawdowns, please include a formal cover letter from the certifying representative that includes:

1. Recipient Name
2. Award ID#
3. Drawdown Request #
4. Dollar Amount of Funds Requested
5. Statement of Certification

Statement of Certification:

I have reviewed and certify that the attached invoices or listing and the cost documentation are for eligible expenses related to this Drawdown Request.