**REQUEST FOR DRAWDOWN FORM**

**INDIAN COUNTRY ECONOMIC DEVELOPMENT (ICED) PROGRAMS**

Tribal Tourism Program: GRANTS

All elements of this request must be complete to process a drawdown (advanced funds). Missing elements (i.e. incomplete answers, missing documentation) will delay the payment process. Payments are made within 30 days of approved request forms and required attachments. *Requests must be in accordance with the Grant Contract Scope of Work and program guidelines.*

Please complete and attach the Request for Drawdown Form, the Project Receipt Worksheet, the Project Status Update, and documentation and/or photos (i.e. invoices and purchase agreements, contracts, purchase research, estimates, quotes for services or product purchases). You will provide details on the worksheet about the materials and services accrued in the commencement of the Scope of Work, labor, delivery, installation, and/or related activities. Call 406-841-2734 if you need assistance.

|  |  |
| --- | --- |
| **REQUEST FOR FUNDS** | |
| On behalf of the **[ENTER NAME ON CONTRACT]** a request is hereby made for a reimbursement of funds from COMMERCE Tribal Tourism Program on Contract Number **[XXXXXXXXXX]** in the total amount of **$2,500 or less enter amount \_\_\_\_\_\_\_\_\_\_\_\_.** | |
| **REQUESTED BY** | |
| *(This Request for funds must include the authorized signatories designated on the Signature Certification Form which is on file.)* | |
| **Name & Title** | **Signature & Date** |
| **[Enter Name & Title]** | **X** |
| Authorized Signatory | Date: |
| **Name & Title** | **Signature & Date** |
| Rachelle Brown, Tribal Tourism Officer | **X** |
| COMMERCE Tribal Tourism Officer | Date: |
| **Name & Title** | **Signature & Date** |
|  | **X** |
| Department Authorized Signatory | Date: |

Please retain the original for your files and send a copy to [rachelle.brown@mt.gov](mailto:rachelle.brown@mt.gov).