



Request for Electronic Drawdowns

Standing Rock Sioux Tribe

P.O. BOX D
FORT YATES, NORTH DAKOTA 58538

STEP 1 – DIRECTOR

Program Name: _____ Program Number: _____

Grant/Contract #: _____ Amount Requested \$: _____

Expenditure Period: Beginning Date: _____ Ending Date: _____

Is Funding Available: Yes _____ No _____ Reimbursement: Yes _____ No _____ Advance (Program must check with Funding Agency): Yes _____ No _____

For the program noted above, I am requesting the above Electronic Drawdown amount to be used to carry out the purposes of the program in accordance with the grant/contract/cooperative agreement with the Funding Agency.

Requestor: _____ Date: _____

STEP 2 – CONTRACT REPRESENTATIVE

As the Contract Representative for the program noted above, I am providing the following amounts related to this Electronic Drawdown request:

FFR (Attached): Yes _____ No _____

Draw to Master Bank Account: Yes _____ No _____

Master Bank Account #: _____

Program Bank Account #: _____

Drawdown Mechanism: _____

Fiscal Year: _____

Partial: Yes _____ No _____

Of Amount: _____

A. Original Grant Amount: \$ _____

B. Less Grant Draws to date (before this draw): _____

C. Amount Available to draw: (A-B) \$ _____

D. Total Eligible Expenditures to Date: \$ _____

E. Total Eligible Advances: _____

F. Subtotal: (D+E) _____

G. Less Previous Draws to date (B from above): _____

H. Amount to Draw: (F-G) \$ _____

Contract Representative: _____

Date: _____

STEP 3 – CONTROLLER

Current Year

Current Year Account#: _____ Current Year Amount \$: _____

Controller: _____ Date: _____



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STEP 4 – DIRECTOR

Record Revenue on Budget/Cuff, attach and send back to Contract Representative:

Budget/Cuff Attached: Yes _____ No _____

Director: _____ Date: _____

STEP 5 – CONTRACT REPRESENTATIVE

Budget/Cuff Reconciled with Detailed Trial Balance: Yes _____ No _____

Contract Representative: _____ Date: _____

Approval:

Funding Agency: _____ Authorized Date: _____

Name: _____ Email Address: _____

SRST Chief Finance Officer: _____ Date: _____

SRST Chairwoman: _____ Date: _____

STEP 6 – DRAWDOWN SPECIALIST

Electronic Drawdown Completed On: _____ By: _____

Confirmation Attached: Yes _____ No _____

STEP 7 – CHIEF FINANCE OFFICER

Bank Transfer Completed on: _____ By: _____

Confirmation Attached: Yes _____ No _____

STEP 8 – ACCOUNTS RECEIVABLE MANAGER

Electronic Drawdown & Bank Transfer Entered Into GP on: _____ By: _____

Confirmation Attached: Yes _____ No _____

STEP 9 – RECORDS MANAGER

Received on: _____ By: _____

Distributed on: _____ By: _____

Confirmation Attached: Yes _____ No _____