

PROJECT DRAWDOWN FORM

Version 19.1



Name of Project:

Programme:

CDYSB Date Received

Please X the relevant fund box (Only one fund is allowed per Drawdown Form)

TYFS	YIC	Emerging Needs / Interim LDTF	DoES Mainstream
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Year's Total Allocation:

Total of Current Year's Allocation received to date:

Amount Required Now:

I the undersigned give assurance that the funds being requested will be expended in accordance with the Project's / Organisation's Funding Application Form and Service Level Agreement.

Authorised Signature:

Date:

Position:

PLEASE NOTE:

- Authorised Signature must be one of:
CEO, Chairperson, Secretary, Treasurer, Regional Manager, Youth Service Manager
- To process this Drawdown Request CDYSB must have:
 1. A signed Service Level Agreement.
 2. A signed and complete Project / Service Information Update Form.
 3. Valid Tax Clearance.
 4. The Financial Report for the latest complete period.
 5. Audited Accounts for the previous financial year signed by your Board of Management.

CDYSB Finance Use

Required Documentation	Signed SLA	Sign PSIU	Valid Tax Clearance	Financial Report for Latest Period	Signed Audited Accounts
	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This project is fully compliant with the financial requirements for the drawdown and issues of this payment

Signed on behalf of the Finance Unit: _____

Date: _____

CDYSB Payment Authorisation

GMIS No.: _____

Payment Amount: € _____

Signed: _____

Date: _____

CDYSB Stamp