

# **IDED NSP 3 CDBG Request for Release of Funds and Certification** **Instructions**

\* Visit <http://www.iowalifechanging.com/community/community> for HUD’s official Adobe PDF to fill out, print and send into IDEED. The document is located at the bottom of the page under **Additional Environmental Resources**.

## **Part 1. Program Description and Request for Release of Funds**

- 1) **Program Title(s)** – Neighborhood Stabilization Program 3
- 2) **HUD/State Identification Number** – B-11-DN-19-0001
- 3) **Recipient Identification Number** – This is your project’s contract number with IDEED.
- 4) **OMB Catalog Number(s)** – This stays constant, **always use 14.228**
- 5) **Name and address of responsible entity** – Enter:            Recipient’s name (City or County)  
   Recipient’s Address  
   Recipient’s City, IA Zip Code
- 6) **For Information about this request, contact (name & phone number)** – Enter the Project Administrator’s name and phone number.
- 7) **Name and address of recipient (if different than responsible entity)** – *Leave Blank*
- 8) **HUD or State Agency and office unit to receive request** – Enter: Iowa Department of Economic Development  
   Attention: Benton Quade  
   200 East Grand Avenue, Des Moines, IA 50309
- 9) **Program Activity(ies)/Project Name(s)** – Enter the project’s name.
- 10) **Location (Street address, city, county, State)** – If the project has an exact location provide the correct information. If the project is city-wide or does not have a dedicated address provide a description of the location (i.e. The Northwest Quadrant of East 4<sup>th</sup> Street and Grand Avenue, *along with city, county, State*).
- 11) **Program Activity/Project Description** – Enter the project description, performance targets, budget amounts and people served from the Attachment A of your contract with IDEED.

## **Part 2. Environmental Certification**

Part 2 is a very important step for the Responsible Entity/Recipient. Please have the CEO of the Recipient review clauses 1-8.

3) Select that the ER did not require an EIS (select the second box or the box to the right), if in fact an EIS is not required.

**Signature of Certifying Officer of the Responsible Entity** – Either Mayor or County Chairperson’s Signature

**Title of Certifying Officer**

**Date Signed**

**Address of Certifying Officer** – Enter the Recipient’s Address

## **Part 3. To be completed when the Recipient is not the Responsible Entity**

**DO NOT FILL OUT – NOT APPLICABLE**

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**For further explanation or guidance please contact:**

**Benton Quade, IDEED, (515) 725-3073**