



## Non-Governmental Organization (NGO) DRAWDOWN/REIMBURSEMENT REQUEST FORM

Please complete and submit this form with any required supporting documentation to the Grants & Project Coordinator via email to [grants@caddo.org](mailto:grants@caddo.org) initiate reimbursement.

\_\_\_\_\_ Award Amount \$ \_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact Person & Phone Number

Request #1 OR #2 ( circle one) Other : \_\_\_\_\_

Current Balance of Award \$ \_\_\_\_\_

Drawdown Request Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature & Title \_\_\_\_\_ Date

Checks/ ACH Payments will be issued according to the Caddo Parish Finance procedures.

Please contact Caddo Parish Grants Office at 318-429-7644 with any questions.

### **CADDO PARISH USE ONLY :**

Drawdown Approved by : \_\_\_\_\_  
Signature and Title