

Funds Commitment Form

U.S. Department of Housing
and Urban Development

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|---|--|
| 1a. Description of Proposed Use of Funds: | 1b. Identification No. (RFP, Contract, IAA, Grant, etc.) |
| Proposed Recipient Name (If known): | 2. Date of Preparation: (mm/dd/yyyy) |
| 3. Commitment No: | 4. Name & Title of Funds Control Officer: |

5. Funding & Accounting Classification

| Account Symbol/ Apportionment Line Code A | Allotment Holder/ Allotment Line Code (Program class/Object class) B | Program Code C | Organization Code(s) D | Commitment Outstanding E | Increase (Decrease) F | Net Amount G |
|--|--|-----------------------|----------------------------------|------------------------------------|---------------------------------|---------------------|
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| Net Totals | | | | | | |

6. Purpose of This Action (Check applicable boxes)

- a. Initial Commitment
- b. Increase or (Decrease) Commitment (amendment no:)
- c. Cancel Commitment (bracket amount in 5E)

7. I certify the funds identified in Block 5 are authorized for the purpose identified in Block 1a, and those funds are available for obligation.

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|------------------------|--|
| 7a. Date: (mm/dd/yyyy) | 7b. Signature of Funds Control Officer: X _____ |
|------------------------|--|

8. Senior Level Approvals To Be Completed by Originating Office

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| a. Requesting Official (Optional): (signature) X | d. Approving Official (Required): (signature) X |
| b. Title: | e. Title: |
| c. Date: (mm/dd/yyyy) | f. Date: (mm/dd/yyyy) |

9. For Accounting Use Only

- Funds Available and Commitment Recorded or Adjusted to Amount Shown in 5G
- Funds Not Available

By: _____ Date: _____

10. Comments: