To: (name & address of Grant Recipient & name & title of Chief Executive Officer)	Copy To: (name & address of SubRecipient)
We received your Request for Release of Funds and Certification, for	rm HUD-7015.15 on
Your Request was for HUD/State Identification Number	

All objections, if received, have been considered. And the minimum waiting period has transpired. You are hereby authorized to use funds provided to you under the above HUD/State Identification Number. File this form for proper record keeping, audit, and inspection purposes.

Typed Name of Authorizing Officer	Signature of Authorizing Officer	Date (mm/dd/yyyy)
Title of Authorizing Officer	Х	
Previous editions are obsolete.		ID-7015.16 (2/94) andbook 6513.01