



**REQUEST FOR GRANT PAYMENT**

**Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Tel.:** \_\_\_\_\_ **Grant #:** \_\_\_\_\_ **Amount Requested: \$** \_\_\_\_\_  
(minimum request \$250)

**EIN #:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

**Funds Needed Before:** \_\_\_\_\_ **Check Here If Final Request**

Prior to releasing payment, the Foundation must receive the signed grant contract, as well as an accounting of expenses paid for by the grant. Please include:

- Copies of invoices or bills for items exceeding \$1,000
- A summary of expenses (may be by category) signed by the Finance Officer or Executive Director

***Please do not include sensitive information such as payroll details or social security numbers***

***To the best of our knowledge, all applicable conditions of the grant contract have been met:***

\_\_\_\_\_  
**Name & Title (Please Print)**

\_\_\_\_\_  
**Signature**

**For Foundation Use Only:**

Date: \_\_\_\_\_ Partial: \_\_\_\_\_ Full and Final: \_\_\_\_\_

Amount to Rescind: \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_