



The Community Foundation
for South Central New York

REQUEST FOR GRANT PAYMENT

Agency: _____ Date: _____

Mailing Address: _____

Tel.: _____ Grant #: _____ Amount Req.: \$ _____

EIN #: _____

Funds Needed Before: _____

This Grant Was Issued From: (Check One: See your grant contract)

- | | |
|---|--|
| <input type="checkbox"/> The Community Foundation
(The Community Fund)** | <input type="checkbox"/> Harriet Ford Dickenson Fund |
| <input type="checkbox"/> The Women's Fund** | <input type="checkbox"/> Esther Couper Family Fund** |
| <input type="checkbox"/> Lillian Briggs Fund | <input type="checkbox"/> Other: _____ |

****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
- In the case of a challenge grant, the request must include documentation of achieving the match

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: _____ Approved for Payment: _____ Partial: _____ Full and Final: _____

Amount: \$ _____ Staff Signature: _____

Details: _____

Guidestar Charity Check Date: _____ Staff Initials: _____