



The Community Foundation
for South Central New York

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

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

- | | |
|--|--|
| <input type="checkbox"/> The Community Fund | <input type="checkbox"/> Harriet Ford Dickenson Fund |
| <input type="checkbox"/> The Women's Fund | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lillian Briggs Fund | |

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 Paid: \$ _____ Rescind: \$ _____ Staff Initials: _____