



FOR SOUTH CENTRAL NEW YORK

REQUEST FOR GRANT PAYMENT

Agency: _____ Date: _____

Email Address of Finance Officer or Other Authorized Individual Receiving Check: REQUIRED

Email Address of Second Person Who Will be Notified of Grant Payment Distribution: REQUIRED

Mailing Address: _____

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

Check Here If Up-front Request: _____ 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
- If making an up-front request, invoices and or receipts related to the project must be forwarded to the Foundation as soon as they are obtained
- 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: _____