Community Foundation
FOR SOUTH CENTRAL NEW YORK

REQUEST FOR GRANT PAYMENT

Organization:_____ **Date:** _____

Mailing Address:_____

Tel.: _____ **Amount Requested**: **$**_____
(minimum request $500)

EIN #:_____ **Project Name:** _____

Check Here if Up-front Request ☐ **Check Here If Final Request** ☐

Funds Needed Before:_____

***Check Here If E-Check Preferred** ☐

*An e-check is an electronic payment that works like a paper check, but is delivered securely through email instead of mail. Once approved, you'll receive an email notification with instructions to open the check and print it on plain white paper to deposit into your organization's bank account. **The check may only be printed once.***

**** If you do not select the e-check option a paper check will be mailed to you at the mailing address provided, please note that paper check processing time is longer than e-check.***

Email Address of Finance Officer or Other Authorized Individual receiving echeck: REQUIRED FOR ECHECKS

_____

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

_____

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**