

Please copy on your letter head

REQUEST FOR GRANT PAYMENT - KCF

TO: KOSCIUSKO COUNTY COMMUNITY FOUNDATION, INC.
ATTN: **Amy Cannon, Program Officer**
102 East Market Street
Warsaw, In 46580-2806

Date of Request: _____ **KCF - UNRESTRICTED**

Grant # _____ Grant Expiration Date: _____

Brief Description: _____

Organization Name: _____

Address: _____

Original Grant Amount	\$
Amount of this Request (equal to attached receipts or documentation)	\$
Remaining Grant Balance (after this payment made)	\$

*Attach a confirmation of expenditures ie: invoices, purchase orders, or other written documentation of expenses. If your grant involved operating expenses, we require a copy of your current internal financial statement that shows a comparison of actual verses budgeted expenditures.

- This is the final payment; or,
- Future requests for payment will be coming

Grantee signature(s) certifies the above information with attached confirmation of expenditures is accurate and correct:

Applicant Signature: _____

Board Officer Signature: _____

Kosciusko County Community Foundation Use Only	
Foundation Director Signature: _____	Date: _____
Foundation Officer Signature: _____	Date: _____