

# REQUEST FOR PAYMENT

Kosciusko County Community Foundation, Inc.  
Go Forward! – Town Request

Date of Request:

Grant #:

Grant Expiration Date:

Project Name:

Town Name:

Mailing Address:

<b>ORIGINAL KCCF GRANT AMOUNT</b>	\$
<b>AMOUNT OF THIS REQUEST</b> (equal to attached receipts or documentation)	\$
<b>REMAINING GRANT BALANCE</b> (after this payment is made)	\$

As mentioned in the grant guidelines, matching funds are required as a part of this grant award. By checking the box below, you certify that your town has secured/raised the required matching funds for this request for payment.

Matching funds have been secured for these expenses.

You will be required to upload confirmation of expenditures (e.g., invoices, purchase orders, receipts, etc.) along with this form. If your grant involved operating expenses, such as salaries, utilities, etc., please consult with our staff to determine the appropriate documentation to submit.

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

**Grantee signature(s) certify that the above information and attached confirmation of expenditures is accurate and correct:**

Applicant Signature: \_\_\_\_\_

Town Council Member Signature: \_\_\_\_\_

**For Kosciusko County Community Foundation Use Only:**

CEO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_