REQUEST FOR PAYMENT

*Kosciusko County Community Foundation, Inc.*

Date of Request:

Grant Expiration Date:

Project Name:

Organization Name:

Mailing Address:

|  |  |
| --- | --- |
| **GRANT NUMBER** |  |
| **ORIGINAL GRANT AMOUNT** | $ |
| **AMOUNT OF THIS REQUEST**(equal to attached receipts or documentation) | $ |
| **REMAINING GRANT BALANCE**(after this payment is made) | $ |

You will be required to upload confirmation of expenditures (e.g., invoices, purchase orders, receipts, etc.) along with this form. If you received funding that included operating expenses, we require a list of expenses signed by your executive director or CFO that includes the date paid, amount, and brief description.

[ ]  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.** The signatures required depend on your organization type:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **501(c)3 Organization** | **Government Entity** | **Public/Private School** | **Church** |
| **1st signature** | Applicant | Applicant | Applicant | Applicant |
| **2nd signature** | Board Officer | Council Officer | Fiscal Officer/Treasurer**or** Building Principal | Church Board Officer |

Applicant Signature:

Applicant (Print):

Officer/2nd Signature:

Officer/2nd (Print):

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

CEO Signature: Date:

Board Officer Signature: Date: