

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 <small>(equal to attached receipts or documentation)</small>	\$
REMAINING GRANT BALANCE <small>(after this payment is made)</small>	\$

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: _____