

Signature

Discretionary Grant Payment Request Form

| Organization: | | | | |
|--|--|---|----------------------------|--|
| Contact: | | | | |
| Address: | | | | |
| Phone: | Email: | | | |
| Amount Requested*: \$ | Pick-Up Check Mail Check (2021 Hampton Street, 4 th Floor, Finance) | | | |
| * Per Richland County Policy, u be provided once a Mid-Year rep | | | | the balance of the allocated will |
| Budget Item | Amount Approved | Amount Previously Drawn | Amount Requested this Draw | Remaining Balance |
| | | | | |
| | | | | |
| | | | | |
| | | | Φ. | |
| | Tota | al Amount Requested: | \$ | |
| REOUIRED ATTACHM | IENTS (your paym | nent will not be process | ed until the following o | documents are received) |
| 1. List of Grant Expense of funds you are requesting Marketing or Security). | | | | |
| nonprofit's assets, liabilitie | es, and the difference statement which lists | e between the two, which is the total assets and the | h is the nonprofit's equit | ven date in time that lists a cy, or net worth. It can also n business to portray its ne |
| For organizations who reco | | • | • | mpleted final report form |
| ORGANIZATION SIGN | ATURE: | | | |
| Provide signature of the A attachments. | uthorizing Official v | within organization, veri | fying accuracy of above | statements and |
| Name | | Title | | |
| | | | | |

Date