



Neighborhood Improvement Program Matching Grant Check Request Form | FY 2021-2022

Date _____

Neighborhood Organization _____

Address/City/State/Zip (same as on W-9 Form) _____

Phone _____ Email _____

Person requesting check _____

Project(s) Funded _____

Amount Requested \$ _____ (Please request the entire award amount)

*I acknowledge that it may take up to 30 business days before the check is ready for pick up, based on the time NIP staff receives the check request. I commit to ensuring that the grant funds are spent according to the Grantee Funding Agreement signed for this grant cycle. Additionally, I will adhere to all requirements outlined in the Grantee Funding Agreement. I also confirm knowledge that unused grant funds that were provided in a check to the neighborhood organization must be refunded to Richland County Government. I also confirm that the neighborhood organization will be required to refund Richland County Government for all items paid for that were not approved in the Grantee Funding agreement. All refunds to Richland County Government must occur by **June 30, 2022**.*

Signature of person requesting check