

Signature

Hospitality Tax Grant Payment Request Form

Organization:				
Contact:				
Address:				
Phone:Email:				
Amount Requested*:				
* Per Richland County Policy, be provided once a Mid-Year re				the balance of the allocated will
Budget Item	Amount Approved	Amount Previously Drawn	Amount Requested this Draw	Remaining Balance
	Tota	l Amount Requested:	\$	
		_]
REQUIRED ATTACHN	<u>MENTS</u> (your paym	ent will not be process	ed until the following (documents are received)
1. List of Grant Expo of funds you are requestir Marketing or Security).				ald match the total amount ry (Entertainment,
nonprofit's assets, liabiliti	es, and the difference statement which lists	e between the two, which	h is the nonprofit's equit	ven date in time that lists a ty, or net worth. It can also on business to portray its ne
For organizations who rec your 2021-2022 projects/j				d final report form for
ORGANIZATION SIG	NATURE:			
Provide signature of the A attachments.		within organization, veri	fying accuracy of above	e statements and
Name		Title		

Date