

Signature

FY20 Hospitality Tax Grant Payment Request Form

Organization:					
Contact:					
Address:					
Phone:	ne:Email:				
Amount Requested*:	Pick-Up Check Mail Check (2020 Hampton Street, 4 th Floor, Finance)				
* 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	al Amount Requested:	\$		
REQUIRED ATTACHN	MENTS (vour navn	ent will not be process	ed until the following	documents are received)	
1. List of Grant Export funds you are requesting Marketing or Security)2. A current balance nonprofit's assets, liabiliti	enses - Please attach ng. The list should in esheet, which is defines, and the difference statement which lists	an itemized list of expectude vendor name, amoned as a financial "picture between the two, which	nditures. The total show unt and expense catego re" of a company at a gith is the nonprofit's equi-	ald match the total amount	
For organizations who recyour 2018-2019 projects/j		-		d final report form for	
ORGANIZATION SIGN Provide signature of the A attachments.		within organization, veri	fying accuracy of above	e statements and	
Name		Title			

Date