

Signature

FY21 Hospitality Tax 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, be provided once a Mid-Year re	up to 75% of the allocate eport is submitted, review	d funding will be provided up yed and approved by the Grant	front. The remaining 25% or as Manager.	the balance of the allocated will
Budget Item	Amount Approved	Amount Previously Drawn	Amount Requested this Draw	Remaining Balance
		al Amount Requested:	φ	
	101	ai Amount Requested:	Þ	
REQUIRED ATTACHN	MENTS (your payn	nent will not be process	ed until the following o	documents are received)
				ald match the total amount
of funds you are requestir Marketing or Security).	ng. The list should in	clude vendor name, amo	unt and expense categor	ry (Entertainment,
2. A current halance	sheet which is defi	ned as a financial "nictur	e" of a company at a giv	ven date in time that lists a
nonprofit's assets, liabiliti	es, and the differenc	e between the two, which	h is the nonprofit's equit	ty, or net worth. It can also
be defined as an itemized worth at a given moment			total liabilities of a give	n business to portray its ne
For organizations who rec			y must have a complete	d final report form for
your 2019-2020 projects/j		•		a mai report form for
ORGANIZATION SIG	NATURE:			
Provide signature of the A attachments.	Authorizing Official	within organization, veri	fying accuracy of above	e statements and
actuemments.				
Name		Title		

Date