



The Community Foundation
for South Central New York

REQUEST FOR GRANT PAYMENT

(Please call the Foundation's Program Officer at 772-6773 with any questions)

Agency: _____ Date: _____

Mailing Address: _____

Tel.: _____ Grant #: _____ Amount Req.: \$ _____

Grant payment requests are processed and approved on the 1st and 3rd Mondays of each month. Checks are generally issued within a week after approval, barring unforeseen events. Please keep this information in mind when submitting your request.

Funds Needed Before: _____

This Grant Was Issued From: (Check One: See your grant contract)

- | | |
|---|---|
| <input type="checkbox"/> The Community Foundation
(CommuniFund™)** | <input type="checkbox"/> Harriet Ford Dickenson Fund |
| <input type="checkbox"/> The Women's Fund** | <input type="checkbox"/> Esther Couper Family Fund** |
| <input type="checkbox"/> Lillian Briggs Fund | <input type="checkbox"/> Other: _____ |

****Prior to releasing payment for any non-operating grant, the Foundation must receive the signed grant contract, as well as an accounting of expenses paid for by the grant. Please include:**

- A brief narrative summarizing progress on the project to date (1-2 pp.)
- Copies of invoices or bills for items exceeding \$1,000
- A summary of expenses (may be by category) signed by the Finance Officer or Executive Director
- In the case of a challenge grant, the request must include documentation of achieving the match

To the best of our knowledge, all applicable conditions of the grant contract have been met:

Name & Title (Please Print)

Signature

For Foundation Use Only:			
Date: _____	Approved for Payment: _____	Partial: _____	Full and Final: _____
Amount: \$ _____	Staff Signature: _____		
Details: _____			