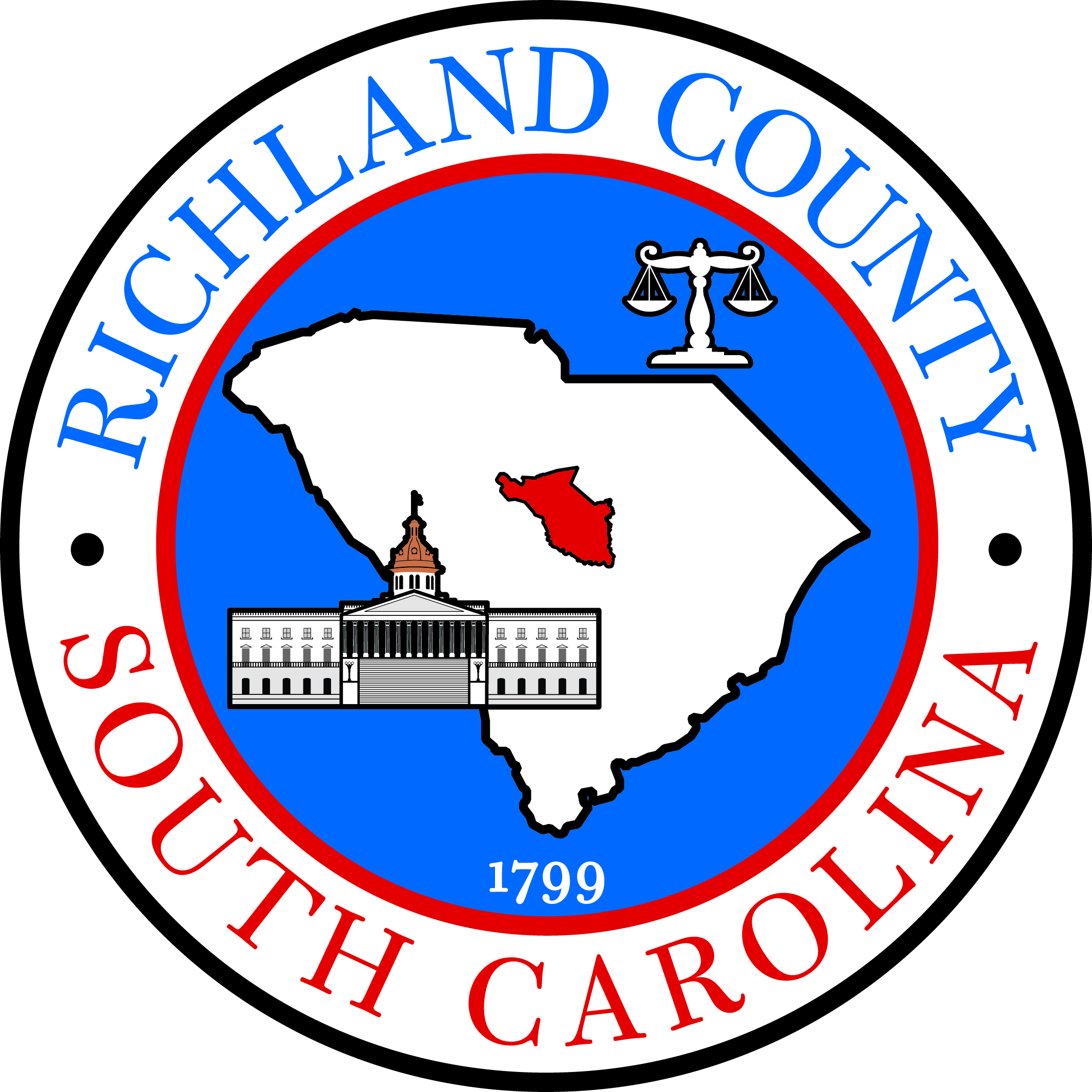
**FY 2019 Payment Request Form**

**Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount Requested\*:** **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pick-Up Check \_\_\_\_ Mail Check** **\_\_\_\_**

**(2020 Hampton Street, 4th Floor, Finance)**

\*Grant allocations under $25,000 may request payment in full. All grants $25,000 and over must request payments in quarterly installments. Funds are available for drawdown on the 1st day of the quarter. Early drawdown requests are not permitted.

**Check one:**

**\_\_\_**Full allocation for grants under $25,000

**\_\_\_**1st Quarter (July, August, September)

**\_\_\_**2nd Quarter (October, November, December)

**\_\_\_**3rd Quarter (January, February, March)

**\_\_\_**4th Quarter (April, May, June)

**REQUIRED ATTACHMENTS** **(your payment will not be processed until the following documents are received)**

**\_\_\_1. A current** **balance sheet,** which is defined as a financial "picture" of a company at a given date in time that lists a nonprofit's assets, liabilities, and the difference between the two, which is the nonprofit's equity, or net worth. It can also be defined as an itemized statement which lists the total assets and the total liabilities of a given business to portray its net worth at a given moment of time.

**ORGANIZATION SIGNATURE:**

Provide signature of the Authorizing Official within organization, verifying accuracy of above statements and attachments.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**For questions, please call Steven Gaither, Grants Manager at 803.576.1514.**

Richland County Administration PO Box 192 Columbia, SC 29202 Fax 803.576.2137 Email gaithers@rcgov.us