



Hospitality Tax Grant Payment Request Form

Organization: _____

Contact: _____

Address: _____

Phone: _____ Email: _____

Amount Requested*: \$ _____

Pick-Up Check _____
(2020 Hampton Street, 4th Floor, Finance)

Mail Check _____

* Per Richland County Policy, up to 75% of the allocated funding will be provided upfront. The remaining 25% or the balance of the allocated will be provided once a Mid-Year report is submitted, reviewed and approved by the Grants Manager.

Budget Item	Amount Approved	Amount Previously Drawn	Amount Requested this Draw	Remaining Balance
Total Amount Requested:			\$	

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

1. **List of Grant Expenses** - Please attach an **itemized list** of expenditures. The total should match the total amount of funds you are requesting. The list should include vendor name, amount and expense category (Entertainment, Marketing or Security).

2. **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.

For organizations who received a FY17 HTax Grant, Richland County must have a completed **final report** form for your 2016-2017 projects/programs on file prior to releasing FY18 funds.

ORGANIZATION SIGNATURE:

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

Name

Title

Signature

Date