

FY26 Accommodations Tax Grant Payment Request Form

Organization:	
Contact:	
Address:	
Phone:	Email:
Amount Requested*:	
* Per Richland County Policy, up to 75% of the all be provided once a final report is submitted, review	ocated funding can be provided upfront. The remaining 25% or the balance of the allocation will ed and approved by the Grants Manager.
REQUIRED ATTACHMENTS: (your	payment will not be processed until the following documents are received)
	each an <u>itemized list</u> of expenditures. The total should match the total amount d include vendor name, amount and expense category (Advertisement,
nonprofit's assets, liabilities, and the diffe	defined as a financial "picture" of a company at a given date in time that lists a rence between the two, which is the nonprofit's equity, or net worth. It can also lists the total assets and the total liabilities of a given business to portray its net
For organizations who received FY25 gra 2024-2025 projects/programs on file prio	nt funding, Richland County must have a completed final report form for your to releasing FY26 funds.
ORGANIZATION SIGNATURE: Provide signature of the Authorizing Offiattachments.	cial within organization, verifying accuracy of above statements and
Name	Title
Signature	Date

For questions, please call Matiah Pough, Grants Manager at 803.576.5459.

Richland County Budget and Grants Management P.O. Box 192 Columbia, SC 29202 Fax: 803.576.2238 Email: grantsmgmt@richlandcountysc.gov