

FY26 Community Impact Grant Payment Request Form

Organization:		
Contact:		
Address:		
Phone:	Email:	
Amount Requested*:		
	he allocated funding can be provided upfront. The remaining 25% or the balance of the allocation will reviewed and approved by the Grants Manager.	
REQUIRED ATTACHMENTS:	our payment will not be processed until the following documents are received)	
	se attach an <u>itemized list</u> of expenditures. The total should match the total amount should include vendor name, amount and expense category (Salary, Program	
nonprofit's assets, liabilities, and the	ch is defined as a financial "picture" of a company at a given date in time that lists a difference between the two, which is the nonprofit's equity, or net worth. It can also which lists the total assets and the total liabilities of a given business to portray its ne	
For organizations who received FY 2024-2025 projects/programs on fi	5 grant funding, Richland County must have a completed final report form for your prior to releasing FY26 funds.	
ORGANIZATION SIGNATURI Provide signature of the Authorizinattachments.	Official within organization, verifying accuracy of above statements and	
Name	Title	
Signature		

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