

Signature

Accommodations Tax Grant Payment Request Form

Contact:					
Address:					
Phone:	ne:Email:				
Amount Requested*: \$					
* Per Richland County Policy, up be provided once a Mid-Year rep				the balance of the allocated will	
Budget Item	Amount Approved	Amount Previously Drawn	Amount Requested this Draw	Remaining Balance	
	Tota	al Amount Requested:	\$		
1. List of Grant Experof funds you are requesting Marketing or Security).	nses - Please attach g. The list should in	an itemized list of expeclude vendor name, amo	nditures. The total shou bunt and expense categor	ald match the total amount	
nonprofit's assets, liabilities be defined as an itemized sworth at a given moment of	s, and the differenc tatement which list	e between the two, which	h is the nonprofit's equit	y, or net worth. It can also	
For organizations who receyour 2021-2022 projects/pr				d final report form for	
ORGANIZATION SIGN Provide signature of the Auattachments.		within organization, veri	fying accuracy of above	statements and	
Name		Title			

Date