

Signature

## **FY25** Community Impact Grant Payment Request Form

Organization:					
Contact:					
Address:				_	
Phone:	none:Email:				
Amount Requested*: \$_					
* Per Richland County Policy, the provided once a Final Year r				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 Expension  of funds you are requesting Marketing or Security). 2. A current balance nonprofit's assets, liabilities.	enses - Please attach g. The list should in sheet, which is defi es, and the differenc statement which list of time. evived a FY24 Grant ams on file prior to a	an itemized list of expectude vendor name, amounted as a financial "picture between the two, which is the total assets and the case, Richland County must releasing FY25 funds.	nditures. The total shown and expense categories of a company at a girth is the nonprofit's equit total liabilities of a give have a completed <b>final</b>	ven date in time that lists a cy, or net worth. It can also n business to portray its net report form for your	
Name	Name				

Date