



FY27 Hospitality Tax Grant Payment Request Form

Organization: _____

Contact: _____

Address: _____

Phone: _____ Email: _____

Amount Requested*: _____

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

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 Venue).

☐ **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 FY26 grant funding, Richland County must have a completed **final report** form for your 2025-2026 projects/programs on file prior to releasing FY27 funds.

ORGANIZATION SIGNATURE:

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

Name

Title

Signature

Date

For questions, please call Grants Management at 803.576.5459.

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