

Signature

FY24 Community Impact Grant Payment Request Form

Organization:				
Contact:				
Address:				
Phone:	Email:			
Amount Requested*: \$_				
* Per Richland County Policy, to 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	l Amount Requested:	\$	
REOUIRED ATTACHN	<u>//ENTS</u> (your paym	ent will not be process	ed until the following (documents are received)
of funds you are requesting Marketing or Security). 2. A current balance	g. The list should in sheet, which is defin	clude vendor name, amo	ount and expense categore" of a company at a gi	ven date in time that lists a
	statement which lists			ty, or net worth. It can also n business to portray its ne
For organizations who rec 2023 projects/programs or			have a completed final	report form for your 2022
ORGANIZATION SIGN Provide signature of the Auttachments.		within organization, veri	fying accuracy of above	e statements and
Name		Title		

Date