



REQUEST FOR PAYMENT

Payment procedure: This form must be used to request payment of your grant award. You may request only as much of your grant as you plan to expend within a 60-day period. You may need to use more than one Request for Payment form during your grant agreement period. Please use one of them every time you seek an additional payment of grant funds.

Payment of the final 10% of the grant amount will be awarded upon receipt of a completed Emergency Assistance Grants (CARES funds) Evaluation Form at the end of the project period. Please do not request the final 10% of the grant unless your Request for Payment is accompanied by the evaluation. Failure to submit an Evaluation Form will jeopardize any future funding from the South Dakota Arts Council. An evaluation form is included with the other materials available online at <http://www.artsCouncil.sd.gov/grants/manage.aspx>.

Grant Recipient

Name of Organization

Mailing Address

Street Address

City

State

Zip Code

Contact Person (Printed Name)

Email

Phone

Grant Type: **Emergency Assistance Grants (CARES funds)**

I certify that the Emergency Assistance Grant funds were only used for the following:

1. Salary support (full or partial) for one or more staff members
2. Fees for artists and/or contractual personnel
3. Facility costs, such as rent and utilities

I agree that our records of income and expense, including documentation of all expenditures related to these grant funds, as well as a copy of this signed grant agreement will be kept on file for a minimum of 3 years in a suitable form to facilitate auditing.

I understand that the SDAC may request documentation or proof of expenses (i.e. cancelled checks, before/after financial statements).

I recognize that we are responsible for accounting for every expense and prepared to share that information if necessary.

Total Grant Amount:	\$	Funds Received to Date:	\$
		Amount Requested:	\$
		Balance Remaining:	\$

Signature of Authorized Official

Printed Name of Authorized Official

Date

Approved by (signature of SDAC Official)

Date