SOUTH DAKOTA
ARTS COUNCIL

GRANT AGREEMENT

PAYMENT PROCEDURE
To receive payment of your grant award, the grantee must complete, sign and return the following documents:

1. **This Grant Agreement;**
2. **Request for payment form,** asking for no more than what will be spent within 60 days, during the grant period: July 1, 2016 and June 30, 2017.
3. **W-9,** Indicating the tax identification or social security number of grantee.
4. **DUNS number form.**

Grantee Name: _____

Contact Person (if different from grantee):_____

Address:_____
Physical Address City State Zip

Mailing Address (if different):_____

Daytime Phone Number:_____Email Address:_____

DUNS Number (Organizations Only):_____

Grant Type (check only one)

Grant to Artists & Individuals

__Artist Career Development Grant
__Artist Collaboration Grant
__Artist Fellowship Grant
__Artist Project Grant
__Educator Grant
__Traditional Arts Apprenticeship Grant

Grants to Schools & Organizations

__Arts Challenge Grant
__Arts Opportunity Grant
__Importation of Musicians Grant
__Professional Development Grant
__Project Grant
__Statewide Services Grant
__Technical Assistance Grant

Total Amount of the Grant $_____
(As indicated in your grant award letter)

Some or all of this grant award, is provided with federal dollars through the National Endowment for the Arts: **CFDA No. 45.025**
FAIN Grant #:16-6100-2035 Awarded 5/17/2016

Agreement: I Understand and agree that granted funds are to be used only for the purposes set forth in my application. The undersigned is authorized to commit the grantee to abide by grant terms and conditions sent with the grant award letter. By signing the agreement you are abiding by the grant terms and conditions.

_____
Signature of Grant Recipient or Recipient's Authorized Official Date

_____
Address City/State/Zip Phone

Approved By: _____
Signature of SDAC Official Date