



**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, 2017 and June 30, 2018.
- 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

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

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

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