



**SOUTH DAKOTA
ARTS COUNCIL**



REQUEST FOR PAYMENT

Payment procedure: This form must be used to request payment of your grant award. Since 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 everytime 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 Evaluation Form at the end of the project period. An evaluation form is included with the other materials available online at <http://www.artscouncil.sd.gov/grants/manage.aspx>. 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.

Grantee Name: _____

Mailing Address: _____
Street Address / PO Box City State Zip

Daytime Telephone Number: _____ Email Address: _____

GRANT TYPE (check only one)

Grants 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
- SDAC Initiative Grant
- Statewide Services Grant
- Technical Assistance Grant

TOTAL AMOUNT OF THE GRANT \$ _____

FUNDS RECEIVED TO DATE: \$ _____

AMOUNT OF THIS REQUEST: \$ _____

BALANCE REMAINING: \$ _____

Signature of Grant Recipient or Recipient's Authorized Official Date

Address City/State/Zip Code Phone

Approved By: _____
Signature of SDAC Official Date