
REQUEST FOR PAYMENT

(This form must accompany all requests for grant payment.)

Grant Distribution will only be awarded up to the amount of the grant allocation and only with applicable receipts. Please use a separate form for RCCF and YAC awards and designate RCCF or YAC on the form.

GRANTEE: _____

FISCAL AGENT (if applicable): _____

ADDRESS: _____
(Fiscal Agent's or, if not applicable, Grantee's Address)

YEAR APPROVED: _____

PROGRAM/PROJECT TITLE: _____

A grant payment is hereby requested for the above program/project to be used for the approved purpose, as follows:

Grant funds in full: \$ _____

Signature of Authorized Representative

Print or Type **Name and Title**

Dated: _____

Please mail or deliver to:
Roscommon County Community Foundation
701 Lake Street
PO Box 824
Roscommon, MI 48653
Or e-mail to: rococofo@yahoo.com

If you have any questions, please call the Foundation office
at (989) 275-3112