

# REQUEST FOR GRANT PAYMENT



714 South Thornton Avenue  
P.O. Box 942  
Dalton, GA 30720  
706.275.9117  
fax 706.275.9118

Name: \_\_\_\_\_

Grantee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Purpose: \_\_\_\_\_

Grant Amount: \_\_\_\_\_

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I hereby certify that this grant is to be used only for the charitable purposes described in the grant request in accordance with the approved budget and that project expenditures are now being made. A grant payment is hereby requested.

\_\_\_\_\_  
Signature of Authorized Representative of Grantee Organization

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

*This form must be used to request grant payment*

Check Ordered \_\_\_\_\_  
Check Mailed to Grantee \_\_\_\_\_