



Innovative Project Grant Check Request Form

Grant funding will be processed 3 times during the 2011-2012 year only:
November 15, 2011, February 15, 2012, and May 15, 2012

Name of Organization or Individual: _____

Name of Individual Requesting Funds: _____

Fiscal Agent Organization (if applicable): _____

(*If you have a fiscal agent, checks are sent directly to the fiscal agent's mailing address.)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Total Grant Amount: _____

Schedule your grant payments closest to when your program is taking place.

November 15, 2011 Amount: _____

February 15, 2012 Amount: _____

May 15, 2012 Amount: _____

SSN or Federal ID Number: _____

Internal Use Only

Charge to GL Accounts: A1 - 51 - 70 - 9002

Finance Number: _____

Batch Number: _____

Obligation Number: _____

Department Approval: GRANTS

Requested by: _____

Date Requested: _____

This request is for an Innovative Project Grant.

I certify that to the best of my knowledge these grant funds will be spent in accordance with the conditions of the grant contract. If for any reason the grant funds are not used in full the remaining funds should be returned to The Arts Council of Winston-Salem Forsyth County.

Date: _____

Signature: _____