



Regional Artist 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 Individual or Organization: _____
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 - 9007
Finance Number: _____
Batch Number: _____
Obligation Number: _____
Department Approval: GRANTS
Requested by: _____
Date Requested: _____

This request is for a Regional Artist 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: _____