

**Appendix C--Form of Funding Request**



**Grant Program:**

- General Operating Support   
  Voluntary Arts Contribution Fund   
  NAC  
 Grantee Services   
  Re-granting   
  Civic Events

**Invoice Date:** Type today's date- mm/dd/yy.

**Invoice No:** Type GFTA/mm/dd/yy.

**Organization Name or Fiscal Sponsor ("Grantee"):** Type Grantee or, if applicable, Fiscal Sponsor's Name.  
*Or*

**Fiscally Sponsored Project:** Type name of Fiscally Sponsored Project

Pursuant to Section 5.3 of the Grant Agreement (the "Grant Agreement") dated as of JULY 1, 2019 between the undersigned ("Grantee") and the City and County of San Francisco (all capitalized terms defined in the Grant Agreement shall have the same meaning when used herein), Grantee hereby requests a disbursement of Grant Funds as follows:

Eligible Expense Category Description	Amount Spent Per Category
Enter Category of Expense.	Enter Amount.
Enter Category of Expense.	Enter Amount.
Enter Category of Expense.	Enter Amount.
Enter Category of Expense.	Enter Amount.
Enter Category of Expense.	Enter Amount.
	<b>Total Amount Requested:</b> Enter Total Amount.

*Grantee certifies that:*

- (1) *The total amount of Grant Funds requested pursuant to this Funding Request will be used to pay Eligible Expenses, which Eligible Expenses are set forth on the attached Schedule 1, to which is attached true and correct copies of all required documentation of such Eligible Expenses.*
- (2) *After giving effect to the disbursement requested pursuant to this Funding Request, the Grant Funds disbursed as of the date of this disbursement will not exceed the maximum amount set forth in Section 5.1.*
- (3) *The representations and warranties made in the Agreement are true and correct in all material respects as if made on the date hereof;*
- (4) *No Event of Default has occurred and is continuing; and*
- (5) *The undersigned is an officer of Grantee authorized to execute this Funding Request on behalf of Grantee.*

**Signature:**

**Print Name:** Type Name of Signatory.

**Title:** Type Title of Signatory.

**Appendix C – Schedule 1 to Request for Funding**

The following is an itemized list of Eligible Expenses for which Grant Funds are requested:

Payee	Check No.	Date	Amount	Description

The following are attached as part of this Schedule 1:

(i) an invoice for each item of Eligible Expense for which Grant Funds are requested;

(ii) the front and the back of canceled checks or other written evidence documenting the payment of each invoice;

(iii) for Eligible Expenses which are wages or salaries, payroll registers containing a detailed breakdown of earnings and withholdings, together with both sides of canceled payroll checks evidencing payment thereof (unless payment has been made electronically).