

FORM 803 INSTRUCTIONS

PAYMENT REQUEST FORM / PROPOSED BUDGET REPORT

The top section of the form (Payment Request) serves as an invoice. The lower section of the form (Proposed Budget Report) illustrates the grantee's planned use of these funds. The entire form and signature line must be completed before the Arts Commission can process payment of the grant award.

To complete this form you will need your completed W-9 form, the budget form that was submitted as part of your application, and to identify whether or not your grant award requires that you provide matching funds. Please refer to page 3 of the stipulations section in the grant award letter to confirm if your grant is a matching or non-matching grant. Note: Individuals are not required to provide a match.

Payment Request Form

Grantees may request only the grant award amount stipulated in the grant award letter. No supporting documentation is required when requesting the initial payment of the grant. Please be sure to complete items 1 – 7 and also fill in your Social Security or Federal Tax ID number at the top of the page. All information in this section must match the information reported on the W-9 form.

Proposed Budget Report

Please refer to the original budget submitted with your grant application to complete the Program Budget Chart. If the Commission has approved funding for a lesser amount, please revise the budget accordingly so it is in order with the amount recommended for grant funding. If there is a substantial change, please also attach a revised project narrative.

Column A – Itemize all planned expenses that will be funded by the **grant award amount**. Then, total this column at the bottom of the chart. This total must equal 100% of the grant amount.

Column B – **If you have a matching requirement**, itemize all planned expenses that will be funded by the match amount. Then, total this column at the bottom of the chart. The Match Total (Column A) and Grant Total (Column B) must be equal, however, the itemized expenses in Column A and Column B do not need to be equal on each row.

If you do not have a matching requirement, please write a zero in each space.

Column C – Total the itemized expenses for each row. $\text{Column A} + \text{Column B} = \text{Column C}$.

IMPORTANT:

15 days after the end of the grant period, you are required to submit Final Financial and Narrative Report Forms (804 and 805), which must be accompanied by the appropriate supporting documentation (i.e., canceled checks and/or official paid receipts). Note: Artist Fellowship grantees can provide a notarized letter for self-payment. All forms are available at <http://dcarts.dc.gov>.

You must document 100% of the grant amount including, if applicable, the required matching. Failure to submit the Final Reports will make you ineligible for future funding.

Social Security Number
(Individuals Only)

Tax Identification Number
(Organizations Only)

PAYMENT REQUEST FORM (803)
D.C. COMMISSION ON THE ARTS AND HUMANITIES

1. _____
Legal Name of Grantee or Organization (as listed on W-9 form)
2. _____ WDC, _____
Street Address (PO Box is not accepted) ZIP Code
3. _____ 4. _____
Telephone Number Email
5. Grant Period: _____ 6. _____
Grant Award Number
7. Payment Amount: \$ _____

NOTE: If you do not have an expense in any particular category, please write the number zero (0).

Proposed Budget Report			
Itemized Expenses	(A) Grant Expenses	(B) Match Expenses	TOTAL (A+B=C)
Personnel:			
Administrative			
Artistic			
Technical / Production			
Outside Fees & Services:			
Artistic			
Other / Remaining Operating Expenses			
Space Rental			
Travel			
Marketing / Promotion			
TOTAL			

Signature: _____
Signature of Authorizing Official (for Grantee Organization)
OR
Signature of Individual Grantee

Date

10-1-06

D.C. COMMISSION ON THE ARTS AND HUMANITIES

STATISTICAL INFORMATION: PROJECTED

GRANTEE: _____ DATE: _____

GRANT NUMBER: _____

GRANT AMOUNT: _____

To assist the D.C. Commission on the Arts and Humanities gather statistical information, please provide the information below to the best of your ability.

Please do not count an individual more than once in your projected figures. Be as specific as possible in the amount served through the funded activity. Use a number to determine the quantity served. Do not use terms like "city wide."

If the number of people served changes, you will be able to update your statistical information in the Final Report.

Individuals/Audience benefiting from Activity (*Do not include youth.*) _____

Youth benefiting from activity _____

Number of artists involved in activity _____

Number Schools benefiting from activity _____

List the names of the schools benefiting _____

What measures will be used to determine how many benefit? (Please be specific.)

Number of showcases, presentation or cultural opportunities offered via funded activity _____

Signature: _____

Authorizing Official Signature (for Grantee Organization)

_____ Date

OR

Individual Grantee Signature