



ROSCOMMON COUNTY
Community Foundation

REQUEST FOR PAYMENT/FOLLOW UP REPORT

(This form must accompany all requests for grant payment)

ORGANIZATION: _____

PROJECT COORDINATOR: _____

ADDRESS: _____

YEAR APPROVED: _____

PROGRAM/PROJECT TITLE: _____

A grant payment is hereby requested for the above program/project to be used for the approved purpose, as follows

Grant payment requested: \$ _____

Please submit paid receipts with invoice totaling amount requested or your payment will not be processed

Signature of Authorized Representative

Print or Type **Name and Title**

Dated: _____

Please complete the follow up report on the next page



ROSCOMMON COUNTY
Community Foundation

Follow up Grantee Report

Please refer to your original proposal when completing this form.

1. What is the status of this project compared to the timetable included in your grant application?

Project Complete On Track but Delayed Other

Please elaborate: _____

(If your project is in the "Other" category, please explain and disregard the rest of the questionnaire)

2. Please provide a brief description of your project and the results.

3. What will happen to this program now that the grant has ended?

Please include relevant brochures, news articles, newsletters, or other printed material about your project or organization that you would like to share. Thank you.

Please submit by e-mail, mail or deliver to:
ROSCOMMON COUNTY COMMUNITY FOUNDATION
701 Lake Street
PO Box 824
Roscommon, MI 48653
E-Mail: info@MyRCCF.org

If you have any questions, please call the office at (989)275-3112