

NEVADA ARTS COUNCIL - Cash Request Form

Grant Type: _____

Grant #: _____

Grantee Name: _____

Address: _____

A. TOTAL AWARD	
B. Grant Funds Received to Date	
C. This Request	
D. Balance Remaining	

Contact Name: _____

Phone: _____

E-mail: _____

MATCHING FUNDS

YOU MUST ATTACH BACK-UP DOCUMENTATION FOR ALL MATCHING FUND REVENUE SOURCES LISTED BELOW

Grantee must show the required cash (and/or in-kind) match for funds requested above. Accepted matching funds back-up documents are: Income statement, Grant Award Letter from another (non-federal/state) entity, Donation log, In-kind verification form (if accepted in grant category)

Matching Fund Revenue Source (donations, other grants, ticket sales, etc.)	Cash Amount	In-Kind (est. value)
Totals:		

The undersigned certifies that the information above is correct and documentation of matching funds is attached.

 Authorizing Official Signature Date

 Authorizing Official Name (printed)

DO NOT WRITE BELOW THIS LINE - NAC STAFF USE ONLY

Vendor #: _____

Program Code: _____

NAC Staff Signature: _____

Date: _____

OK to Pay: _____

Date: _____