FUNDING ARTS NETWORK

FINAL PAYMENT REQUEST FORM

10% of the funded amount, (the FINAL PAYMENT) has been withheld. The **FINAL PAYMENT of the 10%** that has been withheld will only be released upon submission by the **Grantee** of the **FINAL REPORT ("Exhibit B")** and **FINAL REPORT CERTIFICATION ("Exhibit C")** required in **Section 2.**

The **FINAL REPORT ("Exhibit B")** and the **FINAL REPORT CERTIFICATION ("Exhibit C")** are to be mailed to the **Treasurer, Naomi Honig,** P.O Box 331864, Miami, Florida 33233-1864.

The FINAL PAYMENT REQUEST FORM ("Exhibit A-2") along with copies of both "Exhibit B" and "Exhibit C" must be sent to Naomi Honig, Treasurer.

Date: _____ Grant Year:_____ Grant Total : $_____

Name of Organization: _____ Name of Program/Exhibition_____

COPIES OF INVOICES MUST BE SUBMITTED WITH FINAL PAYMENT REQUEST.
If it is not clear from the Category how the invoice related to the program, please add an explanation

Category	Vendor	Amount	Explanation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total of final payment request*:* $ _____

Authorized Signer: _____ _____
Signature Print Name

Check to be sent to: Name of organization: _____

Attention: _____

Address: _____

_____

_____

Phone: _____ Fax: _____

Please send request to:

Naomi Honig, Treasurer
Funding Arts Network, Inc.
P.O. Box 331864
Miami, FL 33233-1864