



### FINAL PAYMENT REQUEST FORM

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

The **FINAL PAYMENT REQUEST FORM ("Exhibit A-2")**, the **FINAL REPORT ("Exhibit B")** and the **FINAL REPORT CERTIFICATION ("Exhibit C")** are to be mailed to the **Grants Manager, Michaela Segall**, P.O Box 331864, Miami, Florida 33233-1864.

Date: \_\_\_\_\_ Grant Year: \_\_\_\_\_ Grant Total: \$ \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Program/Exhibition \_\_\_\_\_

**COPIES OF INVOICES MUST BE SUBMITTED WITH FINAL PAYMENT REQUEST.**

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

Total of final payment request: \$ \_\_\_\_\_

Authorized Signer: \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Check to be sent to:** Name of organization: \_\_\_\_\_  
Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please send request to:** Michaela Segall, Grants Manager

FUNDING ARTS NETWORK, INC.  
P.O. Box 331864  
Miami, Florida 33233-1864