



Advance Payment Request

Greater Columbus Arts Council/City of Columbus Grants Program
100 E Broad Street, Suite 2250 • Columbus, Ohio 43215 • (614) 224-2606
www.gcac.org

Include any additional reports and/or documents produced during the course of this grant.

1. Organization Name, Address, Phone number, Fax, Email, Website

Phone _____ Fax _____
Email _____ Website _____

2. Contact Person

_____ Business Phone _____ Fax _____ Other Phone _____
Email _____

3. General Project Information

_____	_____	GCAC	_____
Application Number	Project Title		Total Grant
_____	_____		_____
Fiscal Year Dates	Application Budget	PAYMENT	Payment Requested
_____	_____		Amount Released cannot be larger than 50% of the total grant.
Activity Start Date	Activity End Date		

4. Certification

The Undersigned certify to the best of their knowledge and belief that all information in this final report is correct, and that all outlays have been made in accordance with GCAC grant terms.

Signature of Authorizing Official _____ Name _____ Title _____ Date _____

Signature of Project Director _____ Name _____ Title _____ Date _____

Office Use Only

_____ Date Received

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6. Detail of Expenditures

Briefly list the expenses for which the advance payment will be used. Do not include expenses that will be paid for with non-GCAC funds, or expenses that will be offset with in-kind or donated contributions. The total expenses listed in this section must equal the amount of the advance payment request in section 4. (See page 12 of the *Project Support Application Forms And Instructions* for descriptions of these expense categories.)

<u>Expense Category</u>	<u>Brief Description of Expense Item</u>	<u>Amount</u>
Personnel	_____	_____
Outside Fees & Services	_____	_____
Space Rental	_____	_____
Building Operations	_____	_____
Capital	<u>[GCAC funds may not be used for capital expenditures]</u>	<u>N/A</u>
Travel & Transportation	_____	_____
Marketing & Promotion	_____	_____
Production/ Exhibition	_____	_____
Development	_____	_____
Remaining Operating	_____	_____
TOTAL	<i>Total of these items must equal the amount requested in section 4, and cannot exceed 50% of the total GCAC Grant</i>	_____

7. Report on the Progress, to date, of your GCAC funded activity.