



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