

Nevada Arts Council Cash Request Form

Vendor Reg # _____

Grantee Name: _____

Grant Type: _____

Grant #: _____

Grantee Address: _____

City, ST Zip: _____

Contact Person: _____

Contact Email: _____

Contact Phone: _____

Total Award: _____

Total Prior Requests: _____

This Request: _____

Balance: _____

Dates Covered by this Request From: _____ To: _____

Note: If Authorizing Official and Primary Contact are the same, please indicate SAA (same as above), and if you are not using a Fiscal Agent, please indicate NA (not applicable).

I certify that the data reported is correct and the amount of the award requested is not in excess of current needs.

Grantee Signature (Authorizing Official) Date

Typed Name and Title

Primary Contact Signature Date

Typed Name and Title

Fiscal Agent – Name of Organization

Fiscal Agent Signature Date

Typed Name and Title

Matching Funds – Grantee must show the required Cash and/or In-Kind match for funds requested. See Grants Management Document for details.

Revenues (Indicate sources below)	Cash	In-Kind (estimated value)
Totals		

For Nevada Arts Council Use Only:	Program:	Date
	Initials	
Cash Request Approved		
Award Letter Sent		
T&C Received		
Final Report Received		