

Arlington Arts Alliance Funding Request Form

Identification Data

Recipient _____

Date: _____

Address _____

Period of Support _____

Phone Number _____

Fax Number _____

Grant # _____

Tax ID # _____

Funding Request

Item	Budget	Actual Expenses
TOTAL	\$	\$

All supporting documentation for this request is attached with the following exceptions:

Financial Status

Grant Amount \$ _____

Amount This Request \$ _____

Total Previous Requests \$ _____

Remaining Balance \$ _____

Final Report Date _____

Matching Requirement

(Initial if completed)

_____ 1) List of eligible expenses used during required match is attached with accompanying receipts and paid invoices

_____ 2) Expenses exceed required match of \$ _____.

Recipient

Prepared By _____

Title _____ Date _____

AAA Office Approval

Received/Approved By _____

Title _____ Date _____