



REQUEST FOR PAYMENT/FOLLOW UP REPORT

(This form must accompany all requests for grant payment)

ORGANIZATION: _____

PROJECT COORDINATOR: _____

ADDRESS: _____

YEAR APPROVED: _____

PROGRAM/PROJECT TITLE: _____

A grant payment is hereby requested for the above program/project to be used for the approved purpose, as follows

Grant payment requested: \$ _____

Please submit paid receipts with invoice totaling amount requested or your payment will not be processed

Nondiscrimination Policy

The Roscommon County Community Foundation prohibits discrimination against current or prospective trustees, officers, employees, and volunteers without regard to race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, pregnancy, veteran status, military obligations, and marital status. This policy applies to hiring, internal promotions, training, opportunities for advancement, and terminations.

The Foundation's grant making policies reflect the belief that organizational performance is greatly enhanced when people with different backgrounds and perspectives are engaged in an organization's activities and decision-making process. Thus, the Foundation actively seeks to promote access, equity and inclusiveness, and to discourage discrimination based on race, creed, ethnicity, gender, age, sexual orientation, socioeconomic status, and other factors that deny the essential humanity of all people. This principle is a lens through which all the work of the Foundation is viewed.

- **The Foundation reserves the right to decline requests from organizations the Board and staff of which do not reflect the diversity of the community in which they work and live.**
- **I have read and accept the Roscommon County Community Foundation's nondiscrimination policy.**
- **I understand that final approval on this request rests in the hands of the Roscommon County Community Foundation Staff, whose charge it is to see that all distributions are consistent with the purposes the fund(s) and Roscommon County Community Foundation.**
- **Please attach your non-discrimination policy if your policy has been updated or changed.**

Signature of Authorized Representative

Print or Type **Name and Title**

Dated: _____

Please complete the follow up report on the next page



FOLLOW UP GRANTEE REPORT

Please refer to your original proposal when completing this form.

1. What is the status of this project compared to the timetable included in your grant application?

Project Complete On Track but Delayed Other

Please elaborate: _____
(If your project is in the “Other” category, please explain and disregard the rest of the questionnaire)

2. Please provide a brief description of your project and the results.

3. What will happen to this program now that the grant has ended?

Please include relevant brochures, news articles, newsletters, or other printed material about your project or organization that you would like to share. Thank you.

Please submit by e-mail, mail or deliver to:
ROSCOMMONCOUNTYCOMMUNITYFOUNDATION
701 Lake Street
POBox824
Roscommon, MI 48653
E-Mail: info@MyRCCF.org

If you have any questions, please call the office at (989)275-3112