**INVOICE FOR GRANT PAYMENTS**

**2017 -2019 STATE-LOCAL PARTNERSHIP**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A - GRANT INFORMATION** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **DATE:** |  | |  |  | **INVOICE NUMBER:** | |  |  | | | | |
|  | Format: MM/DD/YY | | |  | (Grant Number) | |  | Format: XXX-XX-XXXXX | | | | |
| **GRANTEE NAME/MAILING ADDRESS:** | | | |  |  |  | | | | | | |
|  | | | |  | **GRANT PERIOD:** | |  | 10/1/17 | | to | 6/30/19 | |
| Grantee Name | | | |  |  | |  | Format: MM/DD/YY to MM/DD/YY | | | | |
|  | | | |  | **GRANT AWARD:** | | **$** |  | | | |  |
| Mailing Address Line 1 | | | |  |  | |  | | | | | |
|  | | | |  | **TYPE OF REQUEST:** | |  | | ADVANCE PAYMENT | | | |
| Mailing Address Line 2 (if applicable) | | | |  |  | |  | | SECOND PAYMENT | | | |
|  | |  |  |  |  | |  | | FINAL PAYMENT | | | |
| City, State | |  | Zip Code |  |  | |  | | | | | |

|  |  |  |
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| **PART B – ADVANCE PAYMENT** | | |
|  | | |
| 100% of original SLP award, based on rank (including POL, if applicable) =  ADVANCE PAYMENT REQUEST | **$** |  |

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| **PART C – SECOND PAYMENT** | | | | |
| To qualify for release of the second payment, the Grantee must have done the following**:** | | | | |
|  | | | | |
|  |  | Completed and submitted the Interim Report online | | |
|  | | | | |
| 90% of SLP nine-month extension/augmentation = SECOND PAYMENT REQUEST | | | **$** |  |

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| **PART D – FINAL PAYMENT** | | | | |
| To qualify for release of the final payment, the Grantee must have done **ALL of the following:** | | | | |
|  | | | | |
|  |  | Completed the Scope of Work as indicated in the Grant Standard Agreement | | |
|  |  | Completed and submitted the Final Report (including the NEA Grants Activity Survey) online | | |
|  | | | | |
| 10% of SLP nine-month extension/augmentation = FINAL PAYMENT REQUEST | | | **$** |  |

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| **CERTIFICATION** | | | | | |
| “I hereby certify under penalty of perjury that this report is in accordance with the grant approved by and the standards of the California Arts Council, and that payment has not been previously received for the amount claimed herein.” | | | | | |
|  |  | | |  |  |
| AUTHORIZED OFFICER’S PRINTED NAME / | TITLE | | |  | PREPARER’S PRINTED NAME |
|  | |  |  | | |
| AUTHORIZED OFFICER’S SIGNATURE *Print Invoice and provide original signature using only blue ink.* | |  | Contact’s Phone Number | | |
|  |  | | |
|  | |  | Contact’s Email Address | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR CAC ACCOUNTING USE ONLY** | | | | | | | | | | |
| FY |  | FUND |  | | APPROP REF |  | | VOUCHER | |  |
| FY |  | FUND |  | | APPROP REF |  | | VOUCHER | |  |
| PROGRAM STAFF (Signature) | | | |  | | | APPROVAL DATE | |  | |
| ACCOUNTING STAFF (Signature) | | | |  | | | PROCESS DATE | |  | |