



American Rescue Plan Payment Request Form

Use this form to request payment of your award. *Note:* Georgia Humanities must have a completed W-9 for your organization for payment to be processed.

Organization:

Project:

GH grant # (e.g., ARP21-xx) :

EIN#:

Address:

Contact information, in case of questions

Name:

Phone:

E-mail:

AMOUNT REQUESTED (full amount of your award): \$

We certify that this information is true and correct, and that documentation of expenditures for this grant will be on file in our office, available for audit up to three years following the submission of our Final Report.

Signature of Financial Officer (Required)

Date

Signature of Project Director (Required)

Date