



Gunnison County Metropolitan Recreation District

## Request for Payment

**Instructions:** Please complete this form following execution of the Funding Agreement by the District and submit via e-mail to [admin@gcmetrec.com](mailto:admin@gcmetrec.com). For Multi-Year Projects, this form must be completed each year until the Grants are completed. All undefined, capitalized terms used in this Request for Payment shall have the meanings ascribed to them in the Funding Agreement between the District and Grantee.

**Organization Name (Grantee):**

**Grant Project Title:**

**Grant Amount:**

**Name and title:**

**Mailing Address:**

**Phone:**

**E-mail:**

**Grant Period Start Date:**

**Grant Period End Date:**

**Who to make check out to:**

**1. Which grant program were you awarded funds from?**

- Capital
- Nonprofit Operations Support
- Community Collaboration
- Multi-year Nonprofit Operations Support
- Multi-year Community Collaboration

**2. Submit a Certificate of Insurance** meeting the requirements of Section 5.4 of the Funding Agreement. Please ensure that the *Gunnison County Metropolitan Recreation District* is listed as 'Additionally Insured'.

3. **List any changes to the budget approved in the Grant Project Application, attach supporting documents if necessary.**
  
4. **By signing below, Grantee represents and warrants to the District that all work done on the Project will be completed in a good and workmanlike manner and in accordance with the Funding Agreement and Approved Grant Application.**

[GRANTEE'S NAME]

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_