



HCTDA OTPF Grant Funding

Request for Payment Form

Deadline: June 30, 2024

Note: Please provide one original copy of this form and all supporting documentation meaning receipts. Incomplete requests will cause delay in the payment process. A completed Final Evaluation Report must be submitted with the final payment request.

Applicant Name (Organization):

Name of Event/Project:

Authorized Contact:

Phone Number:

Make Check Payable To:

Item/Description

Amount Requested

Total Amount Requested:

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Note: Furnishing false information may constitute a violation of applicable state and federal laws.

Certification of Financial Officer: I certify that the above data is correct based on this organization's official accounting system and records, consistently applied and maintained, and that the costs shown have been made for the purpose of, and in accordance with the terms of the HCTDA OTPF Funding application. The funds requested are for payment of actual costs made during this time period.

Submission Information: Completed request should be provided to the below address or digitally to: corrina@visitncsmokies.com

Applicant Signature:

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Date:

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Applicant Printed Name:

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