



**City of Naperville
Social Service
Grant Program
Request for Payment Form**

Request for Payment #: _____ Date: _____

Project Name: _____

Organization Name: _____ Project #: _____

Total Grant Amount: _____

Total Request: _____

Total Previous Requests: _____

Balance of Grant: _____

Description of This Request:

Budget Category	Amount Requested

Comments:

The undersigned certifies the following:

- 1.) The above-named organization has made payment for all contracts, bills, invoices, purchase orders, or other substantiating documentation that were attached to all previous Requests for Payment, as evidenced by the originals or copies of the canceled payment checks and/or forms of payment certification on file with the organization.
- 2.) The service, for which payment is requested, was performed in accordance with the terms of the SSG Agreement with the City of Naperville.
- 3.) The attached documents substantiating this request are true and correct copies of the original documents on file with the organization.

Signature: _____ Date: _____

*Per attached documents. (See *Grantee Agreement* for documentation requirements)

SSG USE ONLY

Grant #: _____ Approved By: _____ Approval Date: _____