

**Ohio Community Service Council**  
*AmeriCorps Competitive/Formula Program*

**REQUEST FOR FUNDS**

Cooperative Agreement # \_\_\_\_\_ Grant Period: \_\_\_\_\_

Project Name: \_\_\_\_\_

Sub-Grantee: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Request for Period Ending: \_\_\_\_\_

Final Request?  Yes  No

Amount of this Request: \_\_\_\_\_

*(Must agree with Item #6d below)*

**Sub-Grant Financial Snapshot**

<i>Round all figures to nearest dollar</i>	(a)	(b)	(c)	(d)
1d. Amount of Grant				1d.
2a. Cash Received to Date	2a.			
2b. Pending Request for Funds**		2b.		
2c. Total Drawn to Date (2a + 2b)			2c.	
3d. Grant Balance Available (1d - 2c)				3d.
4a. Cash Outlays to Date	4a.			
4b. Projected Outlays- Current Month		4b.		
4c. Total Outlays this Report (4a + 4b)			4c.	
5a. Cash on Hand (2a - 4a)	5a.			
5c. Projected Cash Position (2c - 4c)			5c.	
6d. Amount This Request				6d.
7d. Grant Balance Remaining (3d - 6d)				7d.

\*\*Note here amounts and dates of any pending Request for Funds so we can check on them for you:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**Certification:** *(Must be signed by an officer of the Sub -Grantee agency or its fiscal agent.)*

*I certify, that, to the best of my knowledge, the estimates and amounts shown above are accurate and do not exceed the grant award. All grant expenditures have been recorded and reported according to generally accepted accounting principles, OMB Circulars, and the grant provisions. While not reported above, agency financial records show that matching funds have been expended at the level required by the grant award and project budget.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name and Title

( ) -  
\_\_\_\_\_  
Phone

\_\_\_\_\_  
Council Approval

\_\_\_\_\_  
Date

**Council Use Only:**