

Division of Historical Resources Grant Programs Payment Request Form

Grant Number: _____

Grant Project Name: _____

Grantee Organization: _____

Amount of Grant Funding Requested: \$ _____

Disbursement Type as selected in Grant Award Agreement (check one):

Advanced Payment

Reimbursement Payment

Brief description of how funds will be used:

Brief grant project status update:

Grant Project Manager (as designated in Grant Award Agreement):

Signature of Grant Project Manager (original signatures only-no faxes or emails):

Date: _____

Current mailing address for payment: (Is this an address change? Yes No)

Send original signed form (no email or FAX) to the attention of your DHR Grant Manager at:

Bureau of Historic Preservation
500 South Bronough Street
Tallahassee, Florida 32399