



# Youth Acceleration Grant Final Payment Request Form

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Please note that all payment requests must be accompanied by copies of the invoice pertaining to the request and the cancelled check in payment of the invoice

**Date of Grant Award:** \_\_\_\_\_

**Name of Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**FEIN** \_\_\_\_\_

**Type of payment requested:**    **Partial**                      **Final (Grant closeout form must be included with final request.)**

**Period covered by this request: (month/day/year)**

From: / / To: / /

**Amount of this request:** \_\_\_\_\_

Computation of amount requested: (please list individual invoices that comprise the total of this request)

Previous payment requests submitted for this grant: \_\_\_\_\_

**Signature of Authorizing Official:** To the best of my knowledge and belief, the data reported above are correct and all outlays were made in accordance with grant conditions. Payment is due and has not been previously requested.

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

\_\_\_\_\_ copies of invoices and cancelled checks attached

Please forward this request to: Parks and Recreation 2500 Atlantic Avenue Fernandina Beach, FL 32034  
Attention: Scott Mikelson