



## **GRANT PAYMENT FORM**

### **Required for All Grant Recipients**

Upon the Foundation's receipt of this form, it takes at least two weeks before an approved grant check can be released. Please attach an invoice from your program/project vendor if available.

*Please mail this form to the Shelter Island Educational Foundation at P.O. Box 1950, Shelter Island, NY 11964. If you have any questions, please email us at [info@shelterislandedfoundation.org](mailto:info@shelterislandedfoundation.org). Thank you for your cooperation.*

Grant Recipient Name \_\_\_\_\_

Program/Project \_\_\_\_\_

Make Grant Check Payable To \_\_\_\_\_

Mailing Address \_\_\_\_\_

Organization Contact Name & Telephone \_\_\_\_\_

\_\_\_\_\_

Amount of Grant \$ \_\_\_\_\_

Payment Due Date \_\_\_\_\_

Program Start Date \_\_\_\_\_