

HND PAYMENT REQUEST

Date: _____

Project Number: _____

Project Title: _____

Sponsor: _____

Amount Requested: _____

Check if this is your final payment request.

	HND GRANT
HND GRANT AWARD:	
AMOUNT PREVIOUSLY REQUESTED:	
CURRENT BALANCE:	
AMOUNT OF THIS REQUEST:	
REMAINING BALANCE:	

Note: HND grant funds shall be requested on an advance basis based upon the grantee's project cash needs. Generally, grantees may request grant funds based upon their anticipated cash needs for a 90-day period. However, if a grantee's cash needs exceed \$10,000 for a 90-day period, the grantee is limited to requesting grant funds based upon the anticipated cash needs for a 30-day period.

Project Director Signature _____

Fiscal Agent Signature _____