



MAT-SU HEALTH
FOUNDATION

Progress Report and Payment Request

Complete this form in the space provided. This form, containing the signed request on page two, is to be used when requesting grant payments.

Grant Tracking Number: _____ IRS Number: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Project: _____ Grant Award Date: _____

A BRIEF STATEMENT OF PROGRESS TO DATE SINCE GRANT AWARDED OR SINCE LAST SUBMITTED PROGRESS REPORT

Budget Update (Include current summary information on other revenues received for this project and a current summary of project expenses. If on or more Foundation payments have already been made, indicate how these monies have been spent and how much remains unspent. Also summarize how you intend to spend the payment requested here toward the project budget.)

Improving the health and wellness of Alaskans in the Mat-Su!

950 E. Bogard Road, Suite 218 * Wasilla, Alaska 99654 * 907-352-2863
<http://www.matsuhealthfoundation.org/>



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Request for Grant Payment

Grant Tracking Number: _____

Organization: _____

Project:

Grant award amount: \$ _____

Prior payments: \$ _____

Balance forward: \$ _____

Payment Request: \$ _____

Grantee Certification: I certify to the best of my knowledge and belief, the above is correct, and that all costs will be made in accordance with the grant conditions.

Grantee Authorized Representative

Date

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Mat-Su Health Foundation Use Only

Recommend

Payment: Yes No

Grant Manager

Date

Approved: Yes No

Executive Director's Signature

Date

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