

## **Town of Crested Butte Grant Payment Request Form**

Organizations that are awarded grant funding must submit this form upon completion of the project/program to request payment of funds. Please include supporting documentation that demonstrates use of funds such as copies of paid invoices, budgets, etc.

**Payment Information** 

Email this form along with any supporting documentation to the attention of the Community Grants Coordinator at <a href="mailto:cobfinance@crestedbutte-co.gov">cobfinance@crestedbutte-co.gov</a>.

Or mail to: Town of Crested Butte

Attn: Community Grants Coordinator

PO Box 39

Name of Organization

Contact Name

Crested Butte, CO 81224

Address	
Email	
Phone	
Amount Awarded	
Project Report	
Project Name	
Completion Date	
•	
Total Project Cost	
10001110,000	
Please provide information	
about any changes in the	
project scope as compared to	
the request initially submitted.	
It is strongly recommended	
that any changes be pre-	
approved.	

Please allow two weeks for payment processing after submission of all required documentation.