

**NEVADA ARTS COUNCIL - Cash Request Form**

Grant Type: _______________________________

Grant #: ________________________________

Grantee Name: __________________________

Address: ____________________________________________

Contact Name: ____________________________ Phone: ________________________________

E-mail: ______________________________________

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**MATCHING FUNDS**

*YOU MUST ATTACH BACK-UP DOCUMENTATION FOR ALL MATCHING FUND REVENUE SOURCES LISTED BELOW*

Grantee must show the required cash (and/or in-kind) match for funds requested above. Accepted matching funds back-up documents are: Income statement, Grant Award Letter from another (non-federal/state) entity, Donation log, In-kind verification form (if accepted in grant category)

<table>
<thead>
<tr>
<th>Matching Fund Revenue Source (donations, other grants, ticket sales, etc.)</th>
<th>Cash Amount</th>
<th>In-Kind (est. value)</th>
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<td>Totals:</td>
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</tbody>
</table>

☐ The undersigned certifies that the information above is correct and documentation of matching funds is attached.

Authorizing Official Signature ___________________________ Date ___________________________

Authorizing Official Name (printed) ___________________________

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**DO NOT WRITE BELOW THIS LINE – NAC STAFF USE ONLY**

Vendor #: ________________________________ Program Code: __________________________

NAC Staff Signature: __________________________ Date: __________________________

OK to Pay: ________________________________ Date: __________________________

Rev. 5.29.19