

CITY OF SAN DIEGO COMMISSION FOR ARTS AND CULTURE
ORGANIZATIONAL SUPPORT PROGRAM REQUEST FOR PAYMENT FORM

Complete, Print, Sign and Mail this Form to:

Contracts Coordinator
 Commission for Arts and Culture
 1200 Third Avenue, Ste. 924
 San Diego, CA 92101-4106

Request Period:

			through			
Month	Day	Year		Month	Day	Year

Contract Information:

Fiscal Year		Amount of Arts and Culture Funding	
Contract #		Annual Operating Income	

Organizational Information:

Organization		
Mailing Address		
City, State, Zip		
Person completing this form	Name	
	Title	
	Telephone	
	Fax	
	Email	

Financial Table: Line numbers refer to the line numbers from the CA-CDP, Section 6.

Column A	Column B	Column C	Column D
CDP Line # and Expense Category	Arts and Culture Funds Allocation	Arts and Culture Payments Received to Date	Payment Request for this Period
Personnel (Wages and Benefits)////////////////////////////////////			
1. All Salaried Personnel			
5. Non-salaried artists/performers			
Other (describe in Detail Table)			
Personnel Subtotal			
Non-Personnel////////////////////////////////////			
3. Advertising and Marketing			
34. Production and Exhibition			
38. Rent			
Other (Describe in Detail Table)			
Operating Subtotal			
Total			

The Total of Column B must equal your Arts and Culture funding for the year. The Total of Column D must equal your request for this period.

Expenses:

Total Expenses this Request Period	
Total Fiscal Year Expenses (submit with Final Request Only)	

