THE STANLEY S. LANGENDORF FOUNDATION
ANNUAL GRANT REPORT & PAYMENT REQUEST FORM

Date_____

Organization Name_____

Address_____

Telephone_____ Fax Number_____

Website_____

Executive Director_____ Email_____

Contact person _____ Email_____
(if not Executive Director)

Amount granted: $_____ Amount due: $_____

This request is payment number _____ of _____ payments.

Current organizational budget: $_____

Revenue last fiscal year: Expenses last fiscal year:

_____ _____

Brief programmatic and financial report on project (in this space, 12-point type) or attach a separate statement: