**SAMPLE REQUEST TEMPLATE**

The Community Health Endowment of Lincoln (CHE) requires a written request for payment. The request must be submitted on agency letterhead. Use the template below to prepare a request for funding and return it to CHE with an authorized signature. Due to Covid-19, CHE can accept requests via email as long as it has an original signature, and is then scanned

*\*Note: You may only request funding in the amount that is approved according to your contract. If you received an installment award, please request the partial amount due. In addition, some contracts may require evidence of matching funds or cost before payment can be released. Please review your contract for these requirements and contact CHE staff with any questions.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGENCY LETTERHEAD**

Date

Lori Seibel

President/CEO

Community Health Endowment

250 N. 21st Street, Suite 2

Lincoln, NE 68503

RE: Request for Payment of CHE Funds

Dear Ms. Seibel:

I hereby request Community Health Endowment funds in the amount of \_\_\_\_\_\_\_\_\_ for [Agency Name] as designated in the grant contract for [Project Title].

Please forward funds to:

[Address]

Sincerely,

[Signature of Authorized Representative]