

FLICKERS FISCAL SPONSORSHIP PROGRAM

CHECK REQUEST FORM

Project Title: _____

Project Director: _____

Contact Number: _____

Total check amount: _____
(Dollar amount or “withdraw remaining funds”)

Make the check payable to: _____
(Project director, or company listed in FSP contract)

Federal Tax ID# or SS# for Legal Entity Receiving Funds (Required) _____

Legal Status of Entity Receiving Funds (Required) _____
(ie. Individual, LLC, Corporation etc.)

Mail Check to: _____

Comments or Special Instructions: _____

Project Director Signature

Date

Checks **must** be requested in writing. Please MAIL or FAX or scan and EMAIL your **signed** request to:

Flickers Arts Collaborative
Attention: Fiscal Sponsorship Coordinator
83 Park Street, Suite 1
Providence, RI 02903

Fax: 401-490-6735
Checks are written on the 15th and 30th or 31st of every month.