



REQUEST FOR INITIAL OR INTERIM SIGHTFIRST FUNDING

Document B

Date _____

Grant Number _____ Multiple District/District _____ Country _____

Name of Project _____ Date Approved _____

Amount Approved _____ Amount Now Requested _____

Funds Needed by (Date) _____ Name of Bank Account (Payee) _____

Date and Amount of Last Disbursement _____

If funds are to be wire transferred, please provide the following information:
(Note: Funds can only be wire transferred with prior approval from LCIF.)

Bank Name, Address, Telephone and Fax Numbers:

Contact Person at Bank:

Account Number _____ Routing Number _____

We have submitted the necessary documentation (budget, plan of action, proforma invoices and timetable for current request; receipts and detailed activity report for previously disbursed funds) and attest that the project is consistent with the grant agreement.

Please Sign and Print Your Name:

(Grant Administrator)

(Project Chairperson)

I have reviewed this request for funding and I am satisfied that the request is consistent with the items as described in the originally approved grant application/budget and that the accounting of funds and report submitted are consistent with the grant agreement.

(SightFirst Project Coordinator, LCIF)



300 W. 22nd St., Oak Brook, IL 60523-8842 USA

