



EXTERNAL AGENCY INFORMATION FORM
REQUEST FOR PAYMENT - GENERAL & UTILITY FUND GRANTS

Return via email by 11/20/20 to:
Brandon Edwards - EdwardsB@concordnc.gov

Agency Name: _____

Federal Tax ID#: _____

Agency Address: _____

County: _____

Mailing Address:

Remittance Address: _____

Amount of Grant Awarded: \$ _____

Agency Director: _____ Phone: _____ Fax: _____

Contact Person: _____ Phone: _____ Email: _____

Please give a brief description of services provided by your Agency:

Signature: _____

Date: _____

FOR CITY USE BELOW:

CHARGE TO BUDGET UNIT(s) #: _____

ACCOUNT #: _____

VENDOR #: _____

RECEIVED BY: _____ DATE: _____