



INSTRUCTIONS FOR GRANT INVOICES

CAC-590 is used to request payments for CAC grants. **NOTE: Before using, please reproduce the invoice form for future invoicing purposes.**

PART A - GRANT INFORMATION

Complete all lines. Your mailing address must match the address on your STD. 213 Standard Agreement. If the address on your STD. 213 is not your mailing address please revise it with your correct mailing address and initial the change on all three sets of the STD. 213's. For Invoice Number enter your grant number and the percentage of your request (examples SL-14-1234 90% or PD-14-1234 10%). Under Grant Period enter the grant agreement dates in this format: "mm/dd/yy to mm/dd/yy." Check the box next to the type of request for which you are invoicing (which %).

PART B - 90% ADVANCE PAYMENT

Complete Part B if you are requesting an advance payment of 90% of the grant award. To calculate your payment amount, multiply your grant award amount by 90%, then enter the dollar amount on the form.

PART C - 10% FINAL PAYMENT

Complete Part C if you have done **ALL of the following**

1. Completed the scope of work (Project Summary) found in Exhibit A of the Grant Standard Agreement.
2. The CAC/NEA Grants Activity Survey completed and submitted online.
3. The final report, if one is required, completed and submitted online

(Reporting requirements are outlined in the *Grant Standard Agreement Exhibit D or E: Special Terms and Conditions*), with *Exhibit D or E; Appendix A: Program and Reporting Requirements*.

CERTIFICATION

Original signature is required, by an authorized officer of the organization. Please, only use blue ink pen when signing. Photocopies of invoices will not be accepted. Please include the phone number and e-mail address of the person we should contact should questions about the invoice arise. If phone number or e-mail address space is not completed, questions regarding the invoice will be returned in writing. This will cause delays in processing your payment.

MAIL ADVANCE PAYMENT INVOICE (WITH YOUR SIGNED GRANT AGREEMENT AND ALL OTHER REQUIRED FORMS) TO:

CALIFORNIA ARTS COUNCIL
CONTRACT ADMINISTRATOR
1300 I STREET, SUITE 930
SACRAMENTO, CA 95814

MAIL FINAL PAYMENT INVOICE TO:

CALIFORNIA ARTS COUNCIL
ATTN: **(include CAC project manager's name here)**
1300 I STREET, SUITE 930
SACRAMENTO, CA 95814

IF YOU HAVE QUESTIONS ABOUT HOW TO COMPLETE THIS FORM CALL YOUR GRANT PROJECT MANAGER OR THE CAC ACCOUNTING OFFICE AT (916) 322-6371.