

Payment Request Form

Please complete all required fields to submit your request for payment. For questions or assistance, contact us at healthystartinvoices@nichq.org.

1.
Grantor Details

Grantor Name*

National Institute for Children's Health Quality

Grantor's Address*

308 Congress St, Boston, MA 02210

2.
Remittance Information (Payment Recipient Details)

Name (First and Last) or Organization's Name*

Columbus Public Health

Address:*

240 Parsons Ave, Columbus, Ohio, 43215

3.

Project Details

Project Director*

Karen Chustz

Project Title*

Healthy Start Performance Project- ANNUAL award

Project Number*

9351 ANNU

Expense Account*

6705 Special Project

Project Period*

06/01/2025 to 5/31/2026

Agreement Amount*

2000

4.

Payment Details

Account Contact Name*

Fiscal - Brandon Harris

Account Contact Email*

bmharris@columbus.gov

Account Contact Phone*

(614) 645-5170

Payment Number*

SHSPP-MATCHSMentor1

Submission Date*

05/20/2026

Description of Activities*

Mentor for MATCHS program

Total Payment Amount*

2000

5.

Preferred Method of Payment

How do you prefer to receive payment?*

Mail

Please download and complete the W-9 form using the link below:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Please be sure to include your signature and date before uploading. Payment can not be processed with an unsigned form.

Did you sign and date the W-9 form?*

Yes

W-9 upload*

2024 W9 - Columbus ...gned.pdf (68.0KB)

6.

Review and Signature

Submitted by (Name/Title)*

Brandon Harris /Fiscal Analyst

Submitted by (Email Address)*

bmharris@columbus.gov
