

FOUR COUNTY COMMUNITY FOUNDATION FUND REQUEST

In order to request disbursement of grant money from your fund, you will need to complete and submit this form, signed by a person authorized to act on behalf of your organization or fund.

Fund Name: _____ **Date:** _____

Name of organization or person receiving grant: _____

Contact Person: _____ **Title:** _____
(group grants)

Grantee address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____ **E-mail:** _____

Amount of Grant: \$ _____ **Effective Date:** _____

Description of Grant:

The authorized official signing this request is verifying:

- this grant will not result in the donor, advisors or any related parties receiving any personal or material benefit, compensation or expense reimbursement, exchange of goods or services;
- this grant is not the fulfillment of a pledge made to any organization.

Signature of Authorized Fund Official

Printed Name & Title