

231 East St. Clair Street PO Box 539 Almont, MI 48003

Phone: 810.798.0909

**FOUR COUNTY COMMUNITY FOUNDATIONS**

**Donor-Advised 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:

**Grantee:** (person or organization receiving the grant)

Grantee Address:

**City:**       **State:**      **Zip:**

**Grantee Phone:**       **Grantee email REQUIRED:**

**Description of Grant:**

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

**Fund Contact Person:**       **Title****:**

The authorized official signing this request is verifying:

* this grant will not result in the donor, advisors or 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.

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Signature of Authorized Fund Official Printed Name & Title

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Signature of Authorized School Official Printed Name & Title

(for scholarships only)