



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.

Date: _____

Fund Name: _____

Name of Person, Group or Organization receiving grant: (Official name or student's name.)

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

Grantee Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____

Email address (print clearly please): _____

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

Description of Grant: _____

Signature of Authorized Fund Official

Printed Name & Title