

FOUR COUNTY COMMUNITY FOUNDATION FUND REQUEST

In order to request disbursement 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 the grant: (List official name or student name.)

Contact Person _____ Title _____
(for group grants)

Grantee Address _____

City & State _____ Zip _____ Phone #(_____) _____

email address (print clearly) _____

Amount of Grant _____ Effective Date _____

Description of Grant _____

Signature of Authorized Fund Official

Printed Name & Title