



## Organization Fund Grant Request Form

Date: \_\_\_\_\_

1. Name of Organization				
2. Organization's mailing address			Attention:	
3. City		State	Zip	Phone
Amount of grant from <u>Organization Fund</u> (\$250 minimum) \$	Special instructions/purpose (e.g., operating expenses, capital campaign, special project)			
Amount of grant from <u>Endowed Organization Fund</u> (\$250 minimum) \$	Special instructions/purpose (e.g., operating expenses, capital campaign, special project)			
Amount of grant from <u>Restricted Organization Fund</u> (\$250 minimum) \$	Special instructions/purpose (e.g., operating expenses, capital campaign, special project)			

Once the grant request(s) is approved, a check will be mailed to the organization at the address listed above.

I certify that the above request will be used by the nonprofit organization listed above to further the charitable work of the organization for the greater good of the community. I also certify that the undersigned, or any family member of the undersigned, will not receive any personal benefit from this charitable distribution. I also acknowledge the above request is subject to approval of the Board of Directors of the Community Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Phone Number

Return completed recommendation form to: Community Foundation for Cloud County, PO Box 187, Concordia, KS 66901. Questions? Call the Foundation at (785) 243-1008.

Please note that this request form is used only for grant requests from Organization Funds.