

FUND DISTRIBUTION - GRANT REQUEST

1. Fund Information

Fund Name (the name of your CCCF Fund) **Date of Request**

Donor Advisor (first, middle initial, last) *Donor Advisor Signature*

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2. Fund Distribution - Grant Request

Name of Organization/Vendor Name

Primary Contact at Organization

Street Address

City *State* *Zip*

Web site (if available) *Phone (if available)*

Grant Distribution Amount *Purpose, if any (general operating expenses, specific program, etc)*
Have you previously made a grant to this organization through the Foundation? YES NO

3. CCCF Approval - For office use:

Balance in Fund as of July 1: \$ _____

Current Balance: _____ Date of Balance: _____

Fund Agreement Allowance: Endowed (5%) Provisional: (100%)

Total Allowable FY Distribution: \$ _____ Total Available: \$ _____

Fund Financial Edge Report Attached: Yes No

501 (c) (3) on file: Yes No

GL/DR Account# 52800 Grant 54000 Grantee program 52810 Scholarship

Proj ID/Fund Project Code (2 or 3 fund account)

Field of Interest Arts/culture Community Improvement Education Environment
 Health Human Service PAEITC Religion

Donor Services _____ *Date* _____

**Special Mailing
Instructions:**