



Organization Fund Grant Request Form

Date: _____

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|--|--|-----|------------|
| 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: Russell County Area Community Foundation, PO Box 172, Russell, KS 67665. Questions? Call the Foundation at (785) 445-3611.

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