



## 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, 520 Washington, Concordia, KS, 66901. Questions? Email [steimelcfc@sbcglobal.net](mailto:steimelcfc@sbcglobal.net), or call at (785) 243-0115.

Please note that this request form is used only for grant requests from Organization Funds. Grant application forms for the Foundation's Impact Fund or Seize the Moment Grants are available on the Foundation's website at [www.communityfoundationforcloudcounty.org](http://www.communityfoundationforcloudcounty.org)