

Osborne County Community Foundation Ottawa County Community Foundation Post Rock Community Foundation Republic County Community Foundation Russell County Area Community Foundation

Smith County Community Foundation Smoky Hills Charitable Foundation Smoky Valley Community Foundation Solomon Valley Community Foundation Washington County Community Foundation

Organization Fund Grant Request Form

(Note: This form is only for charities that have an organization fund held at the Community Foundation.)

| Name of Organization | | | | Date | |
|---|---|----------------|--------------------------|-----------|--|
| | | | | | |
| Organization's Mailing Address | | | Attention | Attention | |
| | | | | | |
| City | State | Zip | Phone | | |
| Grant from Organization Fund | | | | | |
| Grant Amount (\$250 minimum) | Special instructions/purpose (optional) | | | | |
| Grant from ENDOWED Organization Fund | | | | | |
| Grant Amount (\$250 minimum; limited to annual spendable amount) | Special instructions/purpose (optional) | | | | |
| Grant from RESTRICTED Organization Fund | | | | | |
| Grant Amount (\$250 minimum; limited to annual spendable amount) | Specia | al instruction | ons/purpose (opti | ional) | |

Organizations must keep a minimum balance of \$10,000 between all three funds.

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 its charitable work and mission. I also acknowledge the above request is subject to approval of the Community Foundation Board of Directors.

Signature

Printed Name / (Phone or Email)

Mail or email completed form to:

Greater Salina Community Foundation • PO Box 2876 • Salina, KS 67402-2876 • accounting@gscf.org or return to your local affiliate foundation office or board member