



**Designated Agency / Organization Fund
Grant Request Form**

Have questions? Need assistance?
The Community Foundation
 200 E. Buffalo St.
 Suite 202
 Ithaca, NY 14850
 (607) 272-9333
 info@cftompkins.org

Information for Authorized Signer

Return this completed form to request a grant from an Agency / Organization Fund. The form can be submitted by email, US Mail, or in-person.

Upon receipt of your request, the Community Foundation will conduct a review process to verify that the proposed recipient is an eligible tax-exempt organization and that a grant to that organization is consistent with the Community Foundation's charitable mission and in keeping with the policies and procedures of the Community Foundation. If the request is approved, a check will be mailed within 5-10 business days and you will be notified of the grant award. If you do not receive a check or any other correspondence within this time frame, please contact the Community Foundation for more information about the status of your request.

Information About Designated Recipient

Name of Charitable Organization: _____ Street 1: _____

Name of Executive Director at Organization: _____ Street 2: _____

Telephone Number: _____ City: _____ State: _____ ZIP Code: _____

Information About Available Funds

Fund Name: _____

Grant Purpose or Project (if no purpose or project is specified, grant is unrestricted): _____

Amount Available: _____ \$ _____

Information About Requested Funds

Amount Requested: _____ \$ _____

Acknowledgement and Certification

This request is subject to the terms and conditions set forth by the Community Foundation Board of Directors, and to all applicable rules and regulations of the Internal Revenue Code.

Printed Name of Authorized Signer: _____ Title: _____

Signature of Authorized Signer: _____ Date: _____

Printed Name of Board Officer: _____ Title: _____

Signature of Board Officer: _____ Date: _____

OFFICE	Date Received		Signature		Approved by:	<input type="checkbox"/> Board
	Grant #		Funds Available		On: ___/___/___	<input type="checkbox"/> C.E.O.
	Spreadsheet		Recipient			<input type="checkbox"/> Exec. Comm.