



**community  
foundation**

## Organization Fund Grant Request Form

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

<b>Name of Organization</b>			<b>Date</b>
<b>Organization's Mailing Address</b>		<b>Attention</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
<b>Grant from Organization Fund</b>			
<b>Grant Amount</b> (\$250 minimum)		<b>Special instructions/purpose (optional)</b>	
<b>Grant from ENDOWED Organization Fund</b>			
<b>Grant Amount</b> (\$250 minimum; limited to annual spendable amount)		<b>Special instructions/purpose (optional)</b>	
<b>Grant from RESTRICTED Organization Fund</b>			
<b>Grant Amount</b> (\$250 minimum; limited to annual spendable amount)		<b>Special instructions/purpose (optional)</b>	

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](mailto:accounting@gscf.org)  
or return to your local affiliate foundation office or board member