



ATTACHMENT D  
Greater Grand Island  
**Community**  
FOUNDATION

**FISCAL SPONSORSHIP FUND  
Disbursement Form**

**Instructions: If you wish to request a disbursement from your fund, complete this form.**

**Fund Information**

Fund Name: \_\_\_\_\_ Fund Balance: \$ \_\_\_\_\_

**Recommended Payment(s)**

1. Business/Organization Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Purpose of disbursement: \_\_\_\_\_

Additional Information/Instructions: \_\_\_\_\_

Invoice attached: \_\_\_\_\_

2. Business/Organization Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Purpose of disbursement: \_\_\_\_\_

Additional Information/Instructions: \_\_\_\_\_

Invoice attached: \_\_\_\_\_

***Approved Authorization***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Submit form to:  
Greater Grand Island Community Foundation, 1503 W 2nd Street, Grand Island, NE 68801  
or attach the form(s) in an email to [info@gicf.org](mailto:info@gicf.org).**

*Thank you for allowing the Greater Grand Island Community Foundation to assist you.*