



Greater Grand Island  
**Community**  
FOUNDATION

**FUND DISTRIBUTION REQUEST**

Date: \_\_\_\_\_

Name & Address of Fund: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fund Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name(s) of Authorized Fund Representative: \_\_\_\_\_  
*Name printed* *Signature*

Second signature, if required: \_\_\_\_\_  
*Name printed* *Signature*

Checks issued for this distribution should be made payable to:

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

send check directly to payee     send check to fund representative



Greater Grand Island  
**Community**  
FOUNDATION

**Please provide a project title, brief description, and timeline.**

**Amount Requested From Fund:**

\_\_\_\_\_

**Date(s) Funding Required:**

\_\_\_\_\_

Anticipated Total Cost of the Project:

\_\_\_\_\_

New or Existing Program:

\_\_\_\_\_