

CCCF FUND DISTRIBUTION: GRANT OR SCHOLARSHIP CHECK REQUEST FORM

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

✓ \_\_\_\_\_ Per IRS regs, please initial here to confirm that you receive NO goods or services in return for this gift (such as auction items, golf, dinner tickets, etc.)

Name of Your Fund \_\_\_\_\_

Fund Advisor Signature \_\_\_\_\_

Nonprofit Grantee or College/University of Scholar \_\_\_\_\_

EIN/SSN: \_\_\_\_\_

Contact at Nonprofit or Name of Scholarship Winner \_\_\_\_\_

Have you previously awarded to this nonprofit or scholar thru CCCF?  
\_\_\_\_ yes \_\_\_\_ no

Addr1 \_\_\_\_\_

Addr2 \_\_\_\_\_

\_\_\_\_ CCCF BA needs to obtain EIN/SSN

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ www: \_\_\_\_\_

(General operating, program specific, etc.) \_\_\_\_\_

\$ Amount Awarded \_\_\_\_\_ Due Date: \_\_\_\_ 15 days (standard) Other: \_\_\_\_\_

FOR CCCF OFFICE USE:

Fund Type(s)	GL/DR Account # (BOLD=Grant Program GL/DR)	Allocation		
____ 01 Operating	<b>PROGRAM SERVICES</b>	____ Admin/Mgt	____ Fundraise	____ Program/Svcs
____ 02 Endowed	52800 Grants			
____ 29 Quasi Endow	52810 Scholarships			
____ 03 Provisional				

Proj ID/Fund Acct Code #1 \_\_\_\_\_  
  
Split between funds?  
See detail in NOTES.  
Proj ID/Fund Acct Code #2 \_\_\_\_\_  
  
Fund Name: \_\_\_\_\_

NOTES: \_\_\_\_\_

CCCF Business Affairs Confirm Available Balance for Fund Advisor Requests:

Balance in Fund July 1	\$ _____
____ For endowed fund, .05 x July 1 \$	x _____ %
____ For quasi, .20 x July 1 \$	
____ For provisional, 100% of July 1 \$	
Equals \$ available to grant this FY	\$ _____
Total \$ grants so far this FY per FE	\$ _____
	- subtract
Remaining \$ available for grants this FY	\$ _____
Amount of this total invoice request	\$ _____
Remaining \$ available after this invoice processed	\$ _____
Enough \$ in fund to process this Check Request?	____ Yes ____ No

(If no, notify DonSvs staff)

BA Initials: \_\_\_\_\_ Date: \_\_\_\_\_

FOI Field of Interest  
\_\_\_\_ Scholarship  
\_\_\_\_ Education  
\_\_\_\_ Arts/Culture NPO  
\_\_\_\_ Environment/Animal NPO  
\_\_\_\_ Religion NPO  
\_\_\_\_ Health NPO  
\_\_\_\_ Human Service NPO

501c3 letter  
\_\_\_\_ Attached \_\_\_\_ On file \_\_\_\_ BA obtain

DonSvs Approval Initials: \_\_\_\_\_

**SPECIAL HANDLING (special fees apply, to be charged to Fund):**  
Get this check to \_\_\_\_\_  
for customized delivery by (date) \_\_\_\_\_

Please allow 15 - 30 working days for the Community Foundation to process checks.  
CCCF, Business Affairs, The Lincoln Building, 28 West Market Street, West Chester, PA 19382  
(610) 696-8211 Fax (610) 696-8213 www.chescocf.org info@chescocf.org