Chester County
COMMUNITY FOUNDATION

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?	Addr1	_____
___ yes ___no	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	PROGRAM SERVICES	__ **Admin/Mgt**	__**Fundraise**	__ **Program/Svcs**
_____02 Endowed	**52800** *Grants*			
_____29 Quasi Endow	**52810** *Scholarships*			
_____03 Provisional				

Proj ID/Fund Acct Code #1	**NOTES:**	*CCCF Business Affairs Confirm Available Balance for Fund Advisor Requests:*
Split between funds? See detail in NOTES. *Proj ID/Fund Acct Code #2* _____ *Fund Name:*		*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