Jackson County Community Foundation

DISTRIBUTION RECOMMENDATION FORM

The undersigned hereby recommends a distribution from the following fund of the Jackson County Community Foundation, an affiliate of the Greater Manhattan Community Foundation (Please use a separate form for each distribution recommended). It is understood that this request for a distribution is only a recommendation with respect to the application of funds and that this recommendation is subject to final approval of the Executive Board of Trustees in accordance with the exempt status and charitable purposes of the Foundation.

Name of JCCF Fund: _____

Fund ID: _____

Distribution Type: Charitable Distribution

Amount Requested: _____

Distribution Payee: _____

Distribution Purpose: _____

_____

Payee Address: _____

_____

Payee Phone Number: _____

Distribution Requested by: [X] Authorized representative of Fund

Date Signed: _____ _____

Signature of Authorized Representative

Fax, mail or email completed recommendation form to GMCF Office, or for questions, please contact:

Greater Manhattan Community Foundation
ATTN: Vern Henricks, CEO
555 Poyntz - Suite 269; P.O. Box 1127
Manhattan, KS 66505-1127

Fax: (785) 587-8982
Phone: (785) 587-8995
E-mail: foundation@mcfks.org

Date Request Received by GMCF: _____/_____/_____ _____ Staff (Initial)

Proof of charitable status (or purpose) on file _____/_____/_____ _____ Staff (Initial)

Approved by GMCF Board Member: _____/_____/_____ _____

Approved/Ratified by GMCF Executive Board: _____/_____/_____ _____ Staff (Initial)

Paid by GMCF _____/_____/_____ _____ Staff (Initial)