**Harrison County Community Foundation**

# PO Box 279, Corydon, IN 47112

**Phone: 812-738-6668 Fax: 812-738-6864 Email: michelled@hccfindiana.org**

**Grant Request Form**

**Name of Fund:**   **Fund #:**

**Available Income: $\_\_\_\_\_\_\_\_\_\_\_\_**

**I request distribution from the available income of this fund for the purpose(s) as indicated:**

## Amount Purpose

I acknowledge that this request does not represent the payment of any contractual pledges or other financial obligations. I further do not expect any personal benefit from this charitable distribution. I agree to submit documentation verifying the appropriate and lawful use of these funds. This form requires the signature of the CEO/Executive Director and board member of the agency or superintendent of a school corporation.

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**Printed Name, Title Signature**

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**Printed Name, Title Signature**

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**Mailing Address Phone**

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**Date Organization**

**We will contact you if we have any questions concerning your request. Please return one copy with an original signature to the address above and keep a copy for your records. 110316**