



AGENCY AND DESIGNATED FUND DISBURSEMENT REQUEST FORM

Advise Bay Area Community Foundation on the management of your agency's endowment fund:

____ #1 – REQUEST DISBURSEMENT OF FUNDS FROM:

(Fund Name)

The undersigned authorized representative of the above named fund, pursuant to paragraph 6 of the instrument titled "Endowment Fund Agreement" or "Fund Administrative Agreement," hereby directs Bay Area Community Foundation to disburse spendable assets of said Endowment Fund per the following directions:

ORGANIZATION NAME:

AMOUNT:

____ #2 – KEEP 2016 GRANTABLE FUNDS AVAILABLE FOR 2017.

____ #3 – TRANSFER 2016 GRANTABLE FUNDS BACK TO THE ENDOWMENT FUND.

**Please attach documentation (board minutes) authorizing you to request this disbursement*.*

Signed upon the authority of the governing board of the above named organization, this ____ day of _____, 20__.

Authorized Signature

Printed Name

Title

Upon approval of the grant, the fund name will be included in the notification letter to the organization(s). A copy of this form will be returned to you along with the grant acknowledgment letter(s).

2017 DISBURSEMENT REQUEST SCHEDULE

Requests Due:

January 20

April 14

August 4

November 22

Check Mailed the Week of:

January 30

April 24

August 14

December 4

Please return form to:

Bay Area Community Foundation, 1000 Adams Street, Suite 200, Bay City, MI 48708