



# Jewish Community Foundation

*Serving Upper Fairfield County*

4200 Park Avenue, Suite 300, Bridgeport, CT 06604

(203) 226-6567

shalomct.org/foundation

## **Distribution Request Form**

Fund Name: \_\_\_\_\_

Distributions requested:

*Please list names and amounts below, or attached an additional page if necessary*

Organization	Amount	Special Instructions

I certify that no individual will receive goods, services or other items of value as a result of the Foundation making the recommended disbursement(s). I further certify that the recommended disbursement(s), if made, will not satisfy any legal obligations that I have incurred.

Fund Representative Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### *Distribution Guidelines:*

- *The minimum amount for any grant request is \$100.*
- *If suggesting a new organization, please include the name of the organization, mailing address, name of organizational contact, phone number, website address, and purpose of the organization.*
- *Distributions can only be made to 501(c)3 non-profit organizations.*
- *Notification letters will be mailed to the grantee along with the distribution check. A copy of the notification letter will also be sent to the fund representative.*