GRANT NUMBER:  Date of Request

Project / Program Name:

Use of Grant (One sentence describing how grant used):

Date / Period Covered:   
  
Amount of Grant Requested (grants can be paid in 2 50% payments or 1 100% payment): $   
  
Issue check to:

Address:

Copies of invoice(s), proof of payment attached: If not, explanation: Check one: This is a partial grant payment check request: This is a final grant payment check request:

Legal name of organization / agency: (Should be as appears on IRS determination letter and as supplied on IRS Form 990)

Director: Phone Number:

Contact Person / title / phone number (If different from Ex. Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Administrative Office): \_\_

City / State / Zip:   
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature, Director: Date: Typed / Printed Name & Title:

**Upload signed form to the Greenville Area Community Foundation GO Apply Portal,   
mail to 225 N. Lafayette, Greenville, MI 48838  
or email signed form and supporting documents to Laura Montoye at Laura@gacfmi.org**