GRANT NUMBER: *(GACF will fill in)* Date of Request

Agency/Organization Name:

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

Date / Period Covered: Amount of Grant Requested: $

Issue check to:

Address:

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:

Authorized Signature: Date:

Typed / Printed Name & Title:

Board Chair: 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**