

FUND DISTRIBUTION REQUEST

KEARNEY AREA COMMUNITY FOUNDATION

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Date of Request: \_\_\_\_\_

Name & Address of Fund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fund Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name(s) of Authorized Fund Representative: \_\_\_\_\_

*Name printed*

*Signature*

second signature if required: \_\_\_\_\_

*Name printed*

*Signature*

Checks issued for this distribution should be made payable to: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

- Send directly to payee       Send check to fund representative       Will Pick Up

Project Title, Brief Description (include time line)

Amount Requested From Fund: \$ \_\_\_\_\_

Date(s) Funding Required: \_\_\_\_\_

Anticipated Total Cost of Project: \_\_\_\_\_

New or Existing Program: \_\_\_\_\_

*Checks will be processed and mailed within 7-10 business days after receiving the distribution request.*