

# South Windsor Community Foundation, Inc.

P.O. Box 1341, South Windsor, CT 06074  
Form SWCF1c – Rev. 04/08/08



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*“The South Windsor Community Foundation, Inc. seeks to improve the quality of life in South Windsor for all residents of all ages by furthering the development of community based programs and projects”*

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The Foundation serves as a non-profit 501(c)(3) corporation that accept grants, corporate and personal donations, endowments, estate funds, etc. and administers funds for charitable community projects/programs.

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## **REQUEST DISTRIBUTION OF FUNDS FROM A SOUTH WINDSOR COMMUNITY FOUNDATION, INC. APPROVED PROGRAM/PROJECT**

Payee Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

Organization Contact: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Deliver check to: check one  Organization  Payee

Payee Name: \_\_\_\_\_

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

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

Payee Name: \_\_\_\_\_

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

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

Total Amount of Distribution: \_\_\_\_\_ Dates Needed: \_\_\_\_\_

Purpose of Request for Distribution of Funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Request Funds:** Please attach receipts or invoices with the vendor name, type of expense, and amount clearly stated.

Please attach quotes, estimates, copies of any contract obligations or agreements, plans, etc., to document proposed project/program request.

By signing this form you agree to allow the South Windsor Community Foundation, Inc. to verify that the above funds were spent as you have designated.

You agree that our organization has the right to examine your records at an unspecified future date not to exceed three years from the date of this request.

You agree that you have not requested these funds for fraudulent purposes, but for the purpose specified above.

Printed Name of Requestor: \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date \_\_\_\_\_

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South Windsor Community Foundation, Inc. Approvals for Distribution of Funds – Executive Board
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President Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

The South Windsor Community Foundation, Inc. will make every effort and attempt to provide answers to all requests within 30 to 60 days after receipt of a properly executed request form

<i>Please complete the appropriate section(s) and/or make the necessary copies of this form as needed and submit with original signatures</i>
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