

# South Windsor Community Foundation, Inc.

P.O. Box 1341, South Windsor, CT 06074



## South Windsor Community Foundation, Inc.

Rays of Hope for Tomorrow's Dreams

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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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## Services Request Forms

SWCF1 Rev. 7/26/06

### **Section A - Request for the Foundation to Assume Fiduciary Responsibility**

This form is required if an organization wishes to partner with the South Windsor Community Foundation, Inc. to assume the fiduciary responsibility for their organization and/or a special project or program.....Page 2

### **Section B - Request for Grant**

This form is required if an organization wishes to request a grant from the South Windsor Community Foundation, Inc for a specific project or program.....Page 3

### **Section C - Request for Distribution of Funds**

This form is required if an organization has already received approval to be supported by the South Windsor Community Foundation, Inc. and funds are needed to continue the organization's project or program.....Page 4

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

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

**SECTION A - REQUEST FOR FOUNDATION TO ASSUME FIDUCIARY RESPONSIBILITY**

Project/Program Title: \_\_\_\_\_

Project/Program Location: \_\_\_\_\_

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

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

Organization Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Deliver check to \_\_\_\_\_ Payee \_\_\_\_\_ Organization

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

(if multiple payees, please attach separate list)

Benefactor: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date Funds Needed: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide documentation (if available or applicable) containing a detailed description of Plan of Action, Board of Directors, By Laws, Mission Statement, Fundraising goal and types of fundraising efforts, Organizational Structure, Other Sources of Income, Release of funds should project default, etc.

By signing this form your organization agrees that the South Windsor Community Foundation, Inc. has the right to examine your records at an unspecified future date not to exceed three years from the date of this request.

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

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

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

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

**South Windsor Community Foundation, Inc. Approvals to Assume Fiduciary Responsibility– Executive Board**

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

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

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

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

**SECTION B - REQUEST FOR GRANT**

To be eligible for a grant the following support information/documents (if available or applicable) must be attached to your grant request.

- Complete Budget for the Project Described or Financial Statements for Established Organization
- List of Board of Directors or Officers                      - Mission Statement                      - Current annual operating budget

If any of the documents are not available or are not applicable, please note the reason on the Grant Request Form. Explain the charitable nature of the project:

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

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

Street Address (if different from mailing) \_\_\_\_\_

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

Project Summary: \_\_\_\_\_

\_\_\_\_\_  
Please provide documentation (if available or applicable) containing a detailed description of Plan of Action, Organization's Board of Directors, By Laws, Mission Statement, Organizational Structure, Other Sources of Income, Release of funds should project default, etc. Attach additional pages if necessary to fully document the project description

Total Project Budget: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Other Sources of Funds: \_\_\_\_\_

Tax Identification Number (if applicable): \_\_\_\_\_

Approval of Authorized Representative of Organization: \_\_\_\_\_

Printed Name of Authorized Representative: \_\_\_\_\_

The organization named above will act as the responsible fiscal agent for any funds which might be received and will comply with applicable tax laws, regulations and South Windsor Community Foundation, Inc. policies. We understand that the South Windsor Community Foundation, Inc. requires periodic program and financial expenditure reports from grant recipients and may request the opportunity to visit our program before awarding a grant and/or after a grant has been made for purposes of project evaluation.

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

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

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

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

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South Windsor Community Foundation, Inc. Approvals for Grant Request – 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: \_\_\_\_\_

**SECTION C - 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

**South Windsor Community Foundation, Inc. Approvals for Distribution of Funds – Executive Board**

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

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

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

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