



**Mail:** 9025 Coldwater Rd. Ste 300, Fort Wayne, IN 46825  
**Email:** grants@ccfnei.org

**GRANT REQUEST FORM**

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Purpose of Grant:

*Please note that CCFNEI grant requests are generally processed on the 1<sup>st</sup> and 15<sup>th</sup> of each month and, depending on the size of the request, grants may take up to 60 days to be disbursed.*

By signing below, you agree that all funds are going to the sole purpose requested and is in agreement with the endowment contract.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For FOUNDATION office use only:**

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_