

## Grant Request Form

*Please complete a separate form for each fund you are requesting a grant from.*

**Organization:** \_\_\_\_\_

**Fund Name:** \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_

**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.*

### Primary Contact:

Provide the name and contact details of the person we should reach out to with any questions about this request.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_

### Authorized Signature:

*Must be signed by an organization leader (Pastor, Principal, Executive Director).*

By signing below, you affirm that all grant funds will be used only for the purpose described in this request and are consistent with the terms of the endowment fund agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please return the completed form by email to [grants@ccfnei.org](mailto:grants@ccfnei.org) or by mail to the Catholic Community Foundation, 9025 Coldwater Rd., Suite 300, Fort Wayne, IN 46825. For assistance, please call 260-399-1436.

### For FOUNDATION office use only:

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