COMMUNITY PROJECT FUND DISBURSEMENT RECOMMENDATION FORM

Scan and email to: Executive Director, Brienne Hooker at: bhooker@jasperfdn.org
or mail to: P.O. Box 295, Rensselaer, IN 47978

Name of Fund: ____________________________________________ DATE: __________

Total Grant Amount Requested: ____________________________

Vendor Name and Summary of Activity by Invoice:

FISCAL SPONSORSHIP

Disbursements will be recommended from this fund as the Foundation has fiduciary responsibility to ensure all funds are being used for exempt, charitable purposes. Invoices MUST be attached to this form for payment to be released and lien waiver completed when necessary.

OFFICE USE:

Amount Recommended Available _____________________________ date/initial

All paperwork included: ________________________________ date/initial

Grant Entered into FIMS ______________________________ date/initial

Letter & Check Mailed ________________________________ date/initial

Board Approval ______________________________________ date/initial

Notes:

Signature of Steering Committee: ____________________________

Signature of Steering Committee: ____________________________

Signature of Steering Committee: ____________________________

Signature of Steering Committee: ____________________________

Signature of Steering Committee: ____________________________

This form is available on our website at www.jaspernewtonfoundation.org in the Resources section of the website.