

COMMUNITY PROJECT FUND DISBURSEMENT RECOMMENDATION FORM

Total Grant Amount Requested:_____

Name of Fund:_____

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

DATE: _____

SPONSORSHIP	Vendor Name and Summary of Activity by Invoice:
Disbursements will be	
recommended from this	
fund as the Foundation has	
fiduciary responsibiliy 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.	
necessury.	
OFFICE USE:	
Amount Recommended Available	Notes:
date/initial	Signature of Steering Committee:
All paperwork included:	Signature of Steering committee.
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date/initial	
Grant Entered into FIMS	Signature of Steering Committee:
date/initial	Signature of Steering Committee:
Letter & Check Mailed	
	Signature of Steering Committee:
date/initial	
Board Approval	
date/initial	

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