



Non-Endowed Agency Fund Request for Distribution

Please sign and mail completed form to the Erie County Community Foundation.

I. NON-ENDOWED AGENCY FUND INFORMATION

Fund Name _____

Fund Advisor Name _____

II. REQUEST FOR DISTRIBUTION (minimum grant \$250)

Amount \$ _____

Purpose (if other than for general support) _____

Special Instructions _____

III. CERTIFICATION

I/we understand that this is a request for distribution only. I/we also understand that the Erie County Community Foundation will perform its own review of each such request to determine whether such request is consistent with charitable needs deserving of support by the Foundation and will inform me/us if any requests are not approved. Requests of \$10,000 or above must wait for the approval of the ECCF Board of Directors.

If any benefits or privileges are offered in connection with this or any such request, I/we have not and will not accept them.

Fund Advisor(s) signature(s) Date _____

OFFICE USE:

ECCF Approval: _____ Title: _____ Date: _____