



GRANT REQUEST APPLICATION FORM

SUBMITTED TO THE BEDFORD COMMUNITY FOUNDATION

Date: _____

Organization Name: _____

Fund Name: _____ Endowed: _____ Non-Endowed: _____

Submitted by: _____ Title: _____

The authorized representatives of this organization listed below request a grant in the amount of
\$_____ for the purpose of: (show itemized cost of service or products)

Attached are vendor invoices, sales slips, quotations or other data to show we meet the criteria and requirements for this grant.

Make check payable and mail to: _____

Organization Approval: (Required-2)

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

Bedford Community Foundation Distribution Committee Approval (Required-2)

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

Grant No: _____ Check #: _____ Date Mailed: _____

By: _____