**REQUEST FOR DISTRIBUTION** (complete the online link this is just to visualize what you will be asked once you go to link. Link does not save partial work so please be prepared to answer the following before using the link. Thanks!)

REMINDER - ONCE BEGIN FORM CANNOT SAVE PART WAY THROUGH. This is the annual Request for Distribution for the Fund you represent. The purpose of this request is to provide recommendations for the distribution of grants for charitable purpose(s). Please answer the following questions. In the Beneficiary Section, you may make additional notes such as you wish to take only partial distribution and/or a recipient/beneficiary should have a specific project or program restriction noted.

Thank you for making your recommendation. In 2018 more than $2M in charitable grants were distributed from funds in our Central Kansas serve area making a tremendous impact.

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| --- | --- | --- | --- | --- | --- |
| **1** | Untitled Page | 2 | Untitled Page | 3 | Untitled Page |

* Your Name **\***FirstLast



* Your Email **\***



* Your Phone Number **\***###-###-####



* Date CompletingMM/DD/YYYY



* Name of Fund (In body of the email you received) **\***





* Fund ID (can be found in body of email) **\***





* I consent to the distribution to beneficiaries as checked below and understand the amount will be rounded down to nearest $10 unless alternative noted in "Other Distribution" below: **\***

5% Available to Spend/Distribute as noted in Email 4% Available to Spend/Distribute as noted in Email 3% Available to Spend/Distribute as noted in Email Other - Provide instructions in text box below



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BENEFCIARIES

Thank you for your generosity! Please select your beneficiaries using the fields below. While we have simplified this form to show one beneficiary, if you have more than one, click "YES" in the check box below beneficiary #1 to enter up to five beneficiaries. If you have more than five beneficiaries, please contact CKCF at 316-283-5474 or angie@centralkansascf.org.



* 

BENEFICIARY #1



* Beneficiary #1 - Enter Legal Name of Charity **\***





* Beneficiary #1 Contact Info **\***

Street AddressAddress Line 2CityState / Province / RegionPostal / Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        Country



* Beneficiary #1 Phone Number **\***###-###-####



* Amount of Grant #1 (May be % entry or actual $ amount) **\***





* Purpose of #1 Grant (note an use/program restriction) **\***





* Other Distribution (please provide instructions for distribution amount if requesting alternative to one of the distribution %'s.





* I would like to add additional beneficaries.

Yes No



* 

BENEFICIARY #2



* Beneficiary #2 - Enter Legal Name of Charity





* Beneficiary #2 Contact Info

Street AddressAddress Line 2CityState / Province / RegionPostal / Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        Country



* Beneficiary #2 Phone Number###-###-####



* Amount of Grant #2 (May be % entry or actual $ amount)





* Purpose of #2 Grant (note an use/program restriction)





* Other Distribution (please provide instructions for distribution amount if requesting alternative to one of the distribution %'s.





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BENEFICIARY #3



* Beneficiary #3 - Enter Legal Name of Charity





* Beneficiary #3 Contact Info

Street AddressAddress Line 2CityState / Province / RegionPostal / Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        Country



* Beneficiary #3 Phone Number###-###-####



* Amount of Grant #3 (May be % entry or actual $ amount)





* Purpose of #3 Grant (note an use/program restriction)





* Other Distribution (please provide instructions for distribution amount if requesting alternative to one of the distribution %'s.





* 

BENEFICIARY #4



* Beneficiary #4 - Enter Legal Name of Charity





* Beneficiary #4 Contact Info

Street AddressAddress Line 2CityState / Province / RegionPostal / Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        Country



* Beneficiary #4 Phone Number###-###-####



* Amount of Grant #4 (May be % entry or actual $ amount)





* Purpose of #4 Grant (note an use/program restriction)





* Other Distribution (please provide instructions for distribution amount if requesting alternative to one of the distribution %'s.





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BENEFICIARY #5



* Beneficiary #5 - Enter Legal Name of Charity





* Beneficiary #5 Contact Info

Street AddressAddress Line 2CityState / Province / RegionPostal / Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        Country



* Beneficiary #5 Phone Number###-###-####



* Amount of Grant #5 (May be % entry or actual $ amount)





* Purpose of #5 Grant (note an use/program restriction)





* Other Distribution (please provide instructions for distribution amount if requesting alternative to one of the distribution %'s.





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* The request(s) will be processed per this Request, Memorandum of Understanding and CKCF Policy and Procedures. Generally the checks are sent to the charity directly. Please check below to confirm. **\***

Mail Check to Recipient(s) Call me to pick up



* Any Other Instructions or Requests (write in below)





* By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide Central Kansas Community Foundation, or in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and Central Kansas Community Foundation. **\***

I Accept E-Signature Agreement I Do Not Accept E-Signature Agreement