**DISTRIBUTION RECOMMENDATION FORM**

**Mark Request Date of Request:**

o GRANT

o SCHOLARSHIP

o PAYABLE (Include W-9 first time)

**Fund Representative/Review Committee Representative Name: \_ \_\_\_**

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foundation Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fund Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount: $ \_\_\_\_\_\_\_\_\_\_\_**

**Purpose: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payee Information:**

**Name:**

**Address:**

**Notes:**

The check will be sent to payee unless otherwise provided instructions below. Please anticipate
7-10 business days once provided to CKCF for completion of any check request.

**Instructions for mailing:**

**Requesters Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return a copy to the Central Kansas Community Foundation and retain one for your files.

301 N. Main, Suite 200, Newton, KS 67114 or email (scanned version) to melinda@centralkansascf.org, michelle@centralkansascf.org and angie@centralkansascf.org

316.283.5474

*Please attach back-up documentation that includes but is not limited to notes, minutes, email communication, donor/committee member names, applications, W-9, and this recommendation form.*