



RETURN FORM:
E: info@cfmv.org | F: 330-743-1802
M: 201 E. Commerce Street, Suite 150
Youngstown, OH 44503

Fund:
Distribution Request Form

Per my (our) agreement with you, I (we) suggest that the Board of Directors of the Community Foundation of the Mahoning Valley review and approve the following distribution(s):

Name and Address of Recipient:

Amount:

Indicate with an asterisk () if distribution is in response to a grant request*

TOTAL AMOUNT OF DISTRIBUTION(S):

I (we) understand that the final determination rests in the hands of the Board of Directors, whose charge it is to ensure that all distributions from this fund conform to the purposes of the Foundation. In addition, I (we) acknowledge that any distribution made from this fund will not have a private benefit, including, but not limited to, fulfilling a personal pledge for me (us), any advisor to the Fund, or any related party.

Fund Spokesperson(s)

Date

Staff use only:

Meets fund purpose: Eligible organization: Does not convey personal benefit:

Exceeds Spending Policy: N/A No Yes Reason: _____

Pre-Approval Needed Pre-Approval Date: _____ Meeting E-Vote

Ratification Date: _____