



Community Foundation for San Benito County
2019 Grant Agreement & Funding Request

GRANTEE: _____
ADDRESS: _____
PHONE: _____

Grant Ref #: _____
This Funding Request:
\$ _____

Pursuant to the Grantee’s Application, the Community Foundation for San Benito County (CFFSBC) has agreed in its Award Letter dated _____ to provide a grant up to the amount specified above to the Grantee for the following charitable purpose:

The purpose and use of these funds is further described in the Grantee’s Grant Application.

In addition to the conditions and/or restrictions specified in the Award Letter, CFFSBC is willing to make this grant subject to the following terms and conditions:

- a) This grant is to be used only for the charitable purposes stated above and as described in Grantee's Grant Application. The grant funds may not be used for any other purpose without prior written approval from CFFSBC. Grant funds not used must be returned to CFFSBC.
- b) Grantee agrees to provide immediate written notice to CFFSBC if significant changes or events occur during the term of this award which could significantly impact the progress or intended outcome of the grant, including, without limitation, changes in Grantee management personnel or losses of funding.

In accordance with all the terms, conditions and/or restrictions in this Grant Award Agreement as well as the Award Letter, on behalf of the Grantee, we understand and accept these terms and request funding in the amount specified above.

Authorizing Signatures (Agreement must include two Grantee signatures)

<p>1) Executive Director or CEO</p> <p>_____</p> <p><i>Signature</i></p> <p>_____</p> <p><i>Print Name</i></p> <p>_____</p> <p><i>Title</i> <i>Date</i></p>	<p>2) Board Chairperson or President</p> <p>_____</p> <p><i>Signature</i></p> <p>_____</p> <p><i>Print Name</i></p> <p>_____</p> <p><i>Title</i> <i>Date</i></p>
<p>Community Foundation for SBC</p> <p>_____</p> <p><i>Signature</i> <i>Date</i></p>	

Grantee # _____
Appl. # _____

Ent. Date _____
App. Date _____
Check # _____
Iss. Date _____