



AGENCY FUND DISBURSEMENT RECOMMENDATION FORM

Scan and email to: Executive Director, Brienne Hooker at: bhooker@jasperfdn.org

or mail to: P.O. Box 295, Rensselaer, IN 47978

Name of Fund: _____

Agency Funds

If you have a significant disbursement available and choose to reinvest the amount - this may reduce the amount of grant dollars you are awarded during the Unrestricted Community Grant Cycles in April/Oct.

I elect a direct distribution from my fund(s) up to the total approved distribution for 2018.

I elect to reinvest my distribution(s); thereby increasing my endowment.

OFFICE USE:	
Distribution Reinvested	

<i>date/initial</i>	
Grant Entered into FIMS	

<i>date/initial</i>	
Letter & Check Mailed	

<i>date/initial</i>	

Signature of Authorized Fund Representative: _____

Print Name: _____ Date: _____

Email: _____ Phone: _____