



Battle Creek Community Foundation
Support Fund
Distribution Request Form

Name of Fund: _____

Organization: _____

Requested Distribution Amount: _____ (please insert exact request amount, as reflected in board minutes).

Up to the total Fund Balance of an Organizational Support Fund may be requested as a distribution. As an Organizational Support Fund provides for distribution of the earnings AND principal at the organization's request. Spending from all other endowment funds is based on an annual spending policy of four percent (4%).

NOTE: BCCF requires **board meeting minutes** from your organization showing board action approving the **exact amount** of any request for a distribution from Support Funds. **Requests will be processed when appropriate documentation is received.** Please **submit the completed, signed form** to the address below. Please **allow 30 days** for processing your organizational distribution.

*Authorized Signer's Name & Position: _____

Authorized Signature _____
**Authorized signer includes an Officer, Executive Director, CEO or President of the organization.*

Date: _____

Questions regarding this process or your fund, please contact Elizabeth Schultheiss, VP of Fund Administration & Development at 269-962-2181 or elizabeth@bccfoundation.org.

Please return completed form with board meeting minutes to Jennifer@bccfoundation.org or

MAIL TO:
Grants Department
Battle Creek Community Foundation
32 W. Michigan Avenue, Suite 1
Battle Creek, MI 49017