

KNOXVILLE JEWISH COMMUNITY FAMILY OF FUNDS, INC.  
GRANT REQUEST COVER SHEET

Send completed form to Knoxville Jewish Community Family of Funds  
6800 DEANE HILL DRIVE  
KNOXVILLE, TN 37919  
865-690-6343 (ph) 865-694-4861 (fax)

**I. REQUEST**

Fund Name:		Amount:	\$
Requested by:			
Organization:			
Address			
Phone:			
Email:			
Request to be expedited			

send more grant request forms via  Fax  e-mail  regular mail

The purpose of this grant is:

Please provide a brief itemization of how the funds will be used and other funding resources, committed or pending.

How will grant be recognized? If appropriate, please include photos.

I (We) understand the final decision rests with the Board of Directors, on whose charge it is to ensure all distributions meet the regulations of the Internal Revenue Service and are compatible with the policies and purposes of KJCFF. **I certify these recommendations do not represent payment of any pledge or obligation, and I will not receive any goods, services, or non-tax deductible membership benefits.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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**II. RECOMMENDATION OF COMMITTEE**

Date request sent to Committee: \_\_\_\_\_ By:  e:mail;  usps  fax

Date recommendation received from Committee: \_\_\_\_\_

Recommendation:  Yes OR  No  anonymous grant  expedited

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**III. BOARD APPROVAL**

Date request sent to Board: \_\_\_\_\_ By:  e:mail;  usps  fax

Date voted by Board: \_\_\_\_\_ Approved:  Yes OR  No

If vote by email, date vote read into board minutes: \_\_\_\_\_

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**IV. GRANT PAID**

Date Check sent: \_\_\_\_\_ Check #: \_\_\_\_\_

Date Check Requested: \_\_\_\_\_

Date Check Received: \_\_\_\_\_

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**V. GRANT REPORT**

Date report received: \_\_\_\_\_

Date photos received: \_\_\_\_\_