

**THE PUTNAM COUNTY COMMUNITY FOUNDATION  
FUND UPDATE AND GRANT RECOMMENDATION FORM**

NAME OF FUND \_\_\_\_\_

**FUND CONTACT INFORMATION UPDATE (please print):**

*Help us keep our records up to date. Please let us know if any contact information has changed.*

- The contact information for the fund has not changed.
- Please change the contact information as indicated below:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: H: \_\_\_\_\_ W: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**DISBURSEMENT INFORMATION**

*Unless notified in writing, the Foundation maintains a Payout Upon Request policy. Under the Payout Upon Request policy, fund agents must submit a written request for payout. If a written request for payout is not received by the Foundation office, the Foundation's policy is to reinvest the available payout in the Fund. Disbursements are made per the policies of the Foundation.*

As the agent for service of notice for the fund indicated above, please indicate any changes with regard to disbursements from the Fund and return this form to the Foundation office. Please keep a copy for your records. This completed form will become a permanent record at the Community Foundation.

Please select from the following options by initialing:

\_\_\_\_\_ The disbursement instructions have not changed.

\_\_\_\_\_ I hereby authorize the annual automatic disbursement of the full payout amount to the organization(s) identified as recipient(s) in the Fund Agreement per the disbursement policies of the Foundation. I understand that automatic disbursement will occur annually unless the Foundation is notified in writing by the Fund Agent.

\_\_\_\_\_ Please accept this statement as my recommendation for payout this year only. I hereby recommend the following:

- Full Payout
- Payout amount (if less than full allowable payout): \$ \_\_\_\_\_
- Payable to (if not specified in fund agreement): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**PUTNAM COUNTY COMMUNITY FOUNDATION**  
Authorized Signature

**DATE**